2002

Wisconsin Facilities for the Developmentally Disabled

Bureau of Health Information
Division of Health Care Financing
Wisconsin Department of Health and Family Services

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Foreword

This report presents key statistical information about facilities for the developmentally disabled (FDDs) and their residents.

The source of data for most of the information in this report is the 2002 Annual Survey of Nursing Homes. This survey is conducted annually by the Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information, in cooperation with the Division of Health Care Financing, Bureau of Fee-for-Service Health Care Benefits; the Division of Disability and Elder Services, Bureau of Quality Assurance; and the state's nursing home industry.

The Bureau of Health Information would like to acknowledge and thank the personnel of all Wisconsin facilities for the developmentally disabled who provided information about their facilities and residents.

Yiwu Zhang prepared this report. Kitty Klement, Jane Conner, LuAnn Hahn and Kim Voss implemented various aspects of data collection and editing activities. Patricia Nametz edited the report. Review and comment were provided by David Lund in the Bureau of Fee-for-Service Health Care Benefits, and Jean Kollasch in the Bureau of Quality Assurance. The report was prepared under the overall direction of John Chapin, Director, Bureau of Health Information.

A copy of the survey instrument used to collect the data presented in this report is included in the Appendix. This report is available on the Department's Web site at http://www.dhfs.state.wi.us/provider/nursinghomes.htm. Suggestions, comments and requests for additional data may be addressed to:

Bureau of Health Information
Division of Health Care Financing
Department of Health and Family Services
P.O. Box 309
Madison WI 53701-0309
Telephone: (608) 267-7809
E-mail: zhangyw@dhfs.state.wi.us

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Table of Contents

Introduction

All of the information about facilities and residents in this report is derived from the 2002 Annual Survey of Nursing Homes conducted by the Wisconsin Department of Health and Family Services. Where appropriate, data from previous surveys are provided for comparison purposes.

The Annual Survey of Nursing Homes utilizes a survey date of December 31; that is, facilities are asked to report many survey items as of that date. For example, in the most recent survey each facility reported the number of facility residents and the number of staffed beds as of December 31, 2002. Other data items, such as the number of inpatient days, were reported for all of calendar year 2002.

This report presents data from facilities for the developmentally disabled (FDDs), defined by Wisconsin Administration Code HFS 134.13(13). A separate publication presents data from nursing homes (defined by Wisconsin Administrative Code HFS 132.14 (1)), which include skilled nursing facilities (SNFs), intermediate care facilities (ICFs), and institutions for mental diseases (IMDs).

In 2002, there were 35 FDDs licensed to provide services in Wisconsin under Administrative Code HFS 134. As in previous years, this report excludes information from the three State Centers for the Developmentally Disabled, because these facilities serve severely developmentally disabled persons and their staffing requirements are higher than other facilities for the developmentally disabled. Data on these excluded facilities can be found in the *Wisconsin Nursing Home Directory, 2002* (also prepared by the Bureau of Health Information, Department of Health and Family Services). The Directory is available online at http://www.dhfs.state.wi.us/provider/nursinghomes.htm .

FDDs in Wisconsin are licensed to treat residents who are developmentally disabled, primarily due to mental retardation or cerebral palsy. For reimbursement purposes, residents of FDDs are assigned one of four levels of care, based on their service requirements, health needs and extent of maladaptive behavior. The DD1A care level is for developmentally disabled residents who require active treatment and whose health status is fragile, unstable or relatively unstable. The DD1B level is for developmentally disabled residents who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare. Residents at the DD2 care level are developmentally disabled adults who require active treatment with an emphasis on skills training. Residents at the DD3 level are developmentally disabled adults who require active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

Key Findings

- From 1997 to 2002, several measures of utilization of Wisconsin facilities for the developmentally disabled declined.
  - ⇒ The number of FDDs decreased from 38 to 35 (8 percent).
  - ⇒ Total FDD residents declined 19 percent, from 2,040 to 1,655.
  - ⇒ The FDD utilization rate decreased from 0.39 to 0.30 residents per 1,000 total Wisconsin population.
  - ⇒ Inpatient days decreased 19 percent, from 0.75 million to 0.61 million.
  - ⇒ Percent occupancy decreased from 93.3 percent to 89.8 percent.

- In contrast, admissions increased 12 percent between 1997 and 2002 (from 262 to 294), and discharges and deaths remained stable (345 and 348, respectively).

- From 1997 to 2002, the percent of FDD residents on December 31 with Medicaid as primary pay source increased from 98.9 percent to 99.2 percent.

- During the decade 1992 to 2002, the number of staffed beds decreased 19 percent (from 2,787 to 1,765).

- The percent of licensed FDD beds that were not staffed increased from 1.5 percent to 6.2 percent from 1992 to 2002.

- In 2002, three counties (Monroe, Racine, and Winnebago) had FDD occupancy rates of 100 percent, compared to five counties in 2001.

- The average per diem rate in 2002 for care received by FDD residents was $164, up 12.3 percent from $146 in 2001 (compared to a 6.8 percent increase in the average per diem rate in nursing homes). The overall rate of inflation in 2002 was 1.6 percent, and the inflation rate for medical care was 4.7 percent.

- Statewide, FDDs had 1.26 full-time equivalent (FTE) employees per FDD resident in 2002, compared to 1.22 employees per resident in 2001, and 1.16 in 2000.

- The number of FTEs in Wisconsin FDDs was down 8 percent in 2002, while the number of FDD residents as of December 31 decreased 11 percent.

- In 2002, FDDs employed 57.3 FTE nursing assistants for every 100 residents (one FTE for every 1.7 resident), up from 54.8 FTEs for every 100 residents in 2001.

- The turnover rate for nursing assistants in FDD facilities declined for all types of ownership in 2002. The turnover rate for full-time registered nurses in proprietary FDDs stayed at 0 percent for the second consecutive year.

- Governmental FDDs experienced an increase in turnover for both RNs and licensed practical nurses.

- Statewide, the FDD employee retention rate remained unchanged or increased in 2002 for most categories of nursing staff. The exception was part-time LPNs, for whom the rate declined from 85 percent to 83 percent.

- Admissions to FDDs decreased by 1 percent (to 294 residents) in 2002, after increasing 9 percent in 2001.

- Medicaid was the primary pay source for 89 percent of all FDD admissions in 2002, compared to 88 percent in 2001 and 96 percent in 2000.

- Nine percent of FDD residents admitted in 2002 were 65 years of age and older, compared to 6 percent in 2001.

- Seven percent of FDD residents admitted in 2002 were younger than 20 years of age, compared to 12 percent in 2001 and 10 percent in 2000.

- The percent of FDD admissions from another FDD or a psychiatric hospital jumped from 16 percent in 2001 to 40 percent in 2002, mainly due to the closing of two FDDs in 2002.

- In 2002, 31 percent of FDD resident discharges were to board and care, assisted living and group homes, up from 29 percent in 2001.

- The FDD utilization rate among people aged 55 to 64 declined 12 percent from 2001 to 2002.

- From 1992 to 2002, the FDD utilization rate declined 35 percent for people aged 20-54, 63 percent for people aged 55-64, and 47 percent for people 65 and over.

- From 2001 to 2002, the number of FDD residents at the DD1A level of care increased 6 percent, while the total number of FDD residents declined 11 percent. The number of FDD residents at the DD2 level of care was up 4 percent in 2002.

- On December 31, 2002, Medicaid was the primary pay source for 99 percent of all FDD residents. This percent has remained stable since 1998.

- Among FDD residents with Medicaid as primary pay source in 2002, 29 percent were at the DD1A level of care (compared to 25 percent in 2001).

- Eleven percent of FDD residents in 2002 had been in the facility less than one year, compared with 8 percent in 2001.

- Seventy-three percent of FDD residents in 2002 had been in the facility five years or longer, compared to 76 percent in 2001 and 77 percent in 2000.

- On December 31, 2002, 2 percent of FDD residents were under age 20, 59 percent were age 20-54, 20 percent were age 55-64, and the remaining 21 percent were age 65 and over.

- Fifty-three percent of Wisconsin FDD residents in 2002 were males.

- From 1992 to 2002, the age distribution of FDD residents changed slightly, with small increases in some older age groups (ages 55-64 and 75+).

- Seventy-seven percent of FDD residents with Medicaid on December 31, 2002 had been eligible at the time of admission, up from 75 percent in 2001 and 74 percent in 2000.

- Statewide, the percent of FDD residents on December 31 who were being physically restrained jumped from 10 percent in 2001 to 22 percent in 2002.

Table 1. Selected Measures of Utilization, Facilities for the Developmentally Disabled (FDDs), Wisconsin 1997-2002

Utilization Measure	1997	1998	1999	2000	2001	2002
As of December 31:						
Number of FDDs	38	38	37	37	37	35
Licensed Beds	2,212	2,179	2,119	2,096	2,071	1,820
Beds Set Up and Staffed	2,178	2,135	2,053	2,038	2,017	1,765
Total Residents	2,040	2,006	1,951	1,933	1,859	1,655
Rate per 1,000 population*	0.39	0.38	0.37	0.36	0.35	0.30
Residents Age 65 and Over						
Number	449	438	421	419	391	341
Percent	22.0%	21.8%	21.6%	21.7%	21.0%	20.6%
Medicaid Residents (Percent)	98.9%	99.1%	99.2%	99.2%	99.2%	99.2%
Calendar Year:						
Inpatient Days	753,306	732,307	712,104	703,297	688,918	609,710
Percent Change	-2.9%	-2.8%	-2.8%	-1.2%	-2.0%	-11.5
Average Daily Census	2,064	2,008	1,951	1,922	1,889	1,689
Percent Occupancy**	93.3%	92.2%	92.1%	91.7%	90.5%	89.8%
Percent of Licensed Beds Not Staffed	1.5%	2.0%	3.1%	2.8%	3.4%	6.2%
Total Admissions	262	266	265	273	298	294
Total Discharges and Deaths	345	300	301	291	372	348

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

* The rate is the number of FDD residents per 1,000 total population.

** Percent occupancy equals average daily census divided by licensed beds, multiplied by 100.

Notes: The Annual Survey of Nursing Homes asks facilities to report many data items as of December 31 of the survey year. Other items are based on the entire calendar year.

Due to bed reductions at FDDs, occupancy rates (percent occupancy and percent of beds not staffed) were calculated using the average number of licensed beds in the calendar year rather than the number of licensed beds on December 31. Licensed beds means beds that are licensed, regardless of whether they are available for occupancy. Staffed beds means licensed beds that are set up, staffed, and available for occupancy.

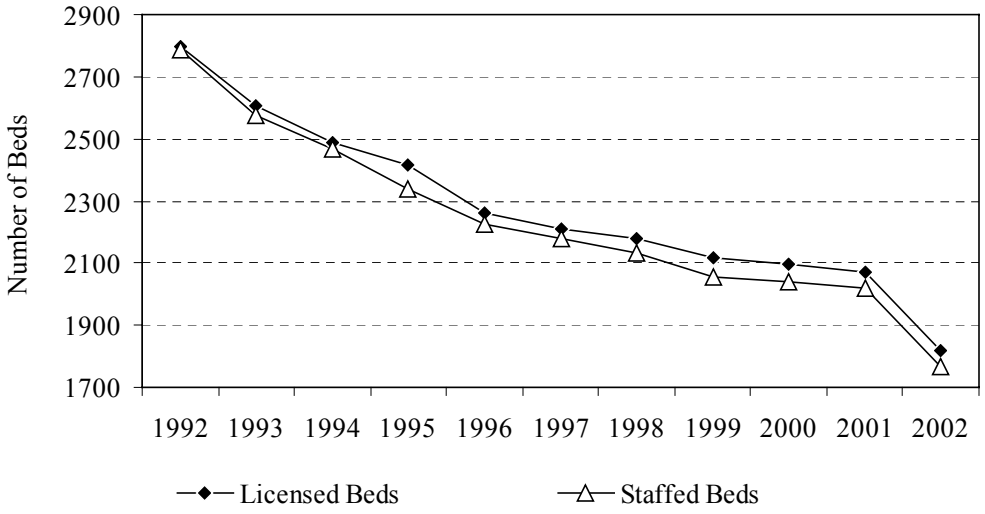
- From 1997 to 2002, the following measures of utilization of Wisconsin facilities for the developmentally disabled declined.
  - ⇒ The number of FDDs decreased from 38 to 35 (8 percent).
  - ⇒ Total FDD residents declined 19 percent, from 2,040 to 1,655.
  - ⇒ The FDD utilization rate decreased from 0.39 to 0.30 residents per 1,000 total Wisconsin population.
  - ⇒ Inpatient days decreased 19 percent, from 0.75 million to 0.61 million.
  - ⇒ Percent occupancy decreased from 93.3 percent to 89.8 percent.

- In contrast, admissions increased 12 percent between 1997 and 2002 (from 262 to 294), and discharges and deaths remained stable (345 and 348, respectively).

- From 1997 to 2002, the percent of FDD residents on December 31 with Medicaid as primary pay source increased from 98.9 percent to 99.2 percent.

- In 2002, discharges and deaths decreased 6 percent from the previous year (from 372 to 348).

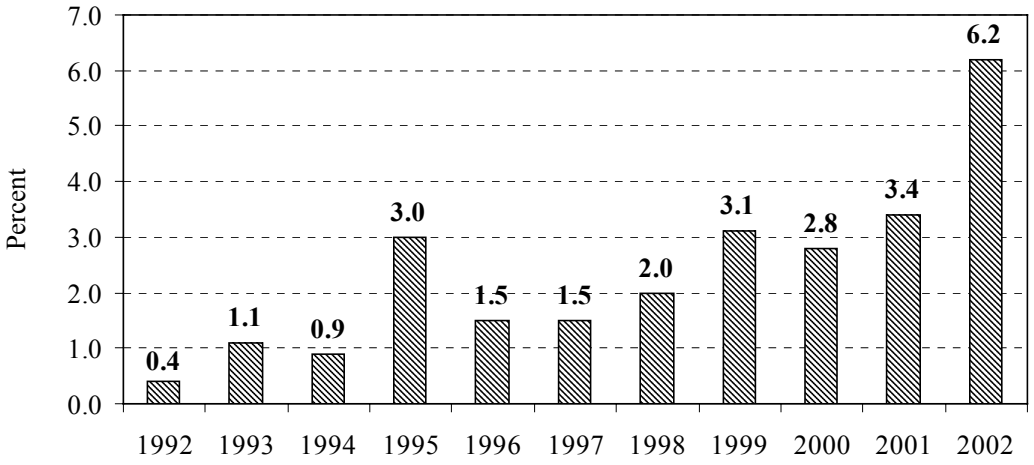
Figure 1. Number of FDD Licensed Beds and Staffed Beds, Wisconsin 1992-2002



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Licensed beds means beds that are licensed, regardless of whether they are available for occupancy. Staffed beds means licensed beds that are set up, staffed, and available for occupancy.

Figure 2. Percent of FDD Licensed Beds Not Staffed, Wisconsin 1992-2002



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- From 1992 to 2002, the number of licensed beds in facilities for the developmentally disabled declined 18 percent (from 2,799 to 1,820). The number of staffed beds decreased 19 percent (from 2,787 to 1,765).

- The percent of licensed FDD beds that were not staffed increased from 1.5 percent to 6.2 percent during the same period.

Table 2. FDD Capacity by Ownership and Bed Size, Wisconsin 2002

Selected Facility Characteristics	Facilities Number	Facilities Percent	Licensed Beds Number	Licensed Beds Percent	Percent of Beds Not Staffed	Percent Occupancy
All FDDs	35	100%	1,820	100%	6.2%	89.8%
Facility Ownership						
Governmental	19	54	752	41	2.7	92.0
Nonprofit	8	23	636	35	7.2	87.4
Proprietary	8	23	432	24	10.0	89.5
Bed Size						
Less than 50 beds	20	57	538	30	1.8	91.5
50-99 beds	12	34	742	41	2.1	93.0
100-199 beds	2	6	277	15	14.2	87.0
200 beds and over	1	3%	263	14%	16.3%	81.0%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: FDD beds not staffed are licensed but not available for occupancy.
Percent occupancy is the average percentage of licensed beds occupied during the year and equals the average daily census divided by the number of licensed beds, multiplied by 100 (see Table 1).
Due to bed reductions at FDDs, occupancy rates (percent of beds not staffed and percent of occupancy) were calculated using the average number of licensed beds in the calendar year rather than the number of licensed beds on December 31.

- In 2002, the FDD occupancy rate statewide decreased from 90.5 percent to 89.8 percent. Governmental facilities had the highest occupancy rate (92 percent), and nonprofit facilities had the lowest (87.4 percent).

- The FDD occupancy rate for proprietary facilities declined nearly 7 points (from 96.4 percent in 2001 to 89.5 percent in 2002).

- Large FDDs (200 licensed beds or more) had the lowest occupancy rate (81 percent vs. 86.6 percent in 2001).

- Statewide, the percent of FDD beds not staffed in 2002 jumped to 6.2 percent from 3.4 percent the previous year. Proprietary facilities had the highest rate of beds not staffed (10 percent vs. 1.4 percent in 2001), followed by nonprofit facilities (7.2 percent vs. 5.6 percent in 2001). Governmental facilities had the lowest rate of beds not staffed (2.7 percent vs. 1.3 percent in 2001).

Table 3. FDD Capacity by County, Wisconsin 2002

County of Location	Facilities On 12/31/02	Licensed Beds on 12/31/02	Staffed Beds on 12/31/02	Total Inpatient Days	Residents on 12/31/02*	Average Daily Census	Percent Occupancy
State Total	35	1,820	1,765	609,710	1,655	1,689	89.8%
Brown	4	198	198	65,340	177	179	90.4
Chippewa	1	28	28	9,767	24	27	96.4
Clark	1	36	36	11,333	31	31	86.1
Dane	1	18	18	5,254	15	14	77.8
Dodge	1	79	75	26,073	73	71	89.9
Dunn	1	52	50	17,358	49	48	92.3
Fond du Lac	2	84	84	27,931	78	77	91.7
Grant	1	50	50	17,200	49	47	94.0
Jefferson	4	411	365	126,963	351	347	84.4
La Crosse	1	51	51	16,208	44	44	84.6
Manitowoc	2	47	47	16,149	45	44	93.5
Marinette	1	18	18	6,153	17	17	94.4
Milwaukee	3	331	331	121,304	303	333	88.1
Monroe	1	14	14	5,110	14	14	100.0
Oneida	1	102	102	38,805	96	106	95.8
Racine	1	51	51	18,610	51	51	100.0
Rock	1	24	24	9,074	23	25	89.6
Sauk	1	23	23	7,642	19	21	91.3
Shawano	1	24	24	8,228	23	23	95.8
Sheboygan	1	37	37	6,080	36	36	97.3
Trempealeau	1	44	44	15,794	44	43	97.7
Waupaca	2	50	47	16,253	46	44	88.0
Winnebago	1	19	19	6,785	19	19	100.0
Wood	1	29	29	10,296	28	28	96.6%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Average daily census is the number of residents on an average day during the year.
Percent occupancy is the average percent of licensed beds occupied during the year. Due to bed reductions at FDDs, occupancy rates (percent occupancy and percent of beds not staffed) were calculated using the average number of licensed beds in the calendar year rather than the number of licensed beds on December 31.

*The number of residents was based on the county of last private residence prior to entering the FDD.

- In 2002, three counties (Monroe, Racine, and Winnebago) had FDD occupancy rates of 100 percent, compared to five counties in 2001.
- From 2001 to 2002, inpatient days increased 14 percent in Dane County, and 4 percent in Dodge and Monroe counties. Percent occupancy for Dane and Monroe counties grew 8 percent in 2002.
- FDD inpatient days declined 53 percent in Sheboygan County, 28 percent in Milwaukee County, 21 percent in Rock County, and 11 percent in Oneida County. FDD inpatient days statewide declined 11 percent in 2002.
- Percent occupancy increased 17 percent in Sauk County, but decreased 10 percent in Rock County.

Table 4. Average Per Diem Rates in FDDs by Care Level and Primary Pay Source, Wisconsin, December 31, 2002

	Average Per Diem Rate (in Dollars)					
Level of Care	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	All Sources
Developmental Disabilities (DD1A)	$171	$176*	$151*	$0	$0	$171
Developmental Disabilities (DD1B)	168	210*	166*	0	0	168
Developmental Disabilities (DD2)	157	152*	155*	0	0	157
Developmental Disabilities (DD3)	124	100*	0	0	0	124
All Levels	$164	$165*	$155*	$0	$0	$164

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Rates shown in this table are the average daily rate for each pay source and level of care category weighted by the number of residents receiving care at a particular rate.

* The per diem rate for this category was calculated based on rates for fewer than 30 residents (rates may not be representative of typical rates).

See Technical Notes (page 33) for definitions of all level of care categories shown in this table.

- The average per diem rate in 2002 for care received by FDD residents was $164, up 12.3 percent from $146 in 2001 (compared to a 6.8 percent increase in the average per diem rate in nursing homes). The overall rate of inflation in 2002 was 1.6 percent, and the inflation rate for medical care was 4.7 percent.

- The average per diem rate paid for FDD care by private sources was $165, unchanged from 2001. (There were only 14 FDD residents using private pay as primary pay source in 2002 – see Table 16.)

- Five FDD residents used Family Care as primary pay source in 2002, with an average per diem rate of $155. This rate was 6 percent lower than the Medicaid average per diem rate in 2002 ($164). (See Technical Notes on Page 33 for a definition of the Family Care program.)

- The Medicaid rate increased 11 percent for the DD1A level of care, 8 percent for the DD1B level of care, and 15 percent for the DD2 level of care in 2002. For the DD3 level of care, the Medicaid rate jumped 27 percent.

Table 5. Number of FDDs Providing Services to People Not Residing in the Facility, 1997-2002, Wisconsin

Type of Service	1997	1998	1999	2000	2001	2002
Home Health Care	0	0	0	0	0	0
Supportive Home Care	0	1	1	1	1	2
Personal care	0	1	1	1	1	2
Household services	0	0	0	0	0	1
Day Services	4	4	4	4	3	4
In community setting	1	1	1	1	1	2
In FDD setting	3	3	3	3	2	2
Respite Care	6	7	8	8	5	6
In patient's home	0	0	0	1	0	0
In FDD setting	6	7	8	8	5	6
Adult Day Care	3	3	3	4	4	5
In community setting	2	1	1	2	1	1
In FDD setting	1	2	2	2	3	4
Adult Day Health Care	1	1	1	0	1	1
Congregate Meals	4	4	4	3	3	2
In community setting	3	3	3	2	3	2
In FDD setting	1	1	1	1	0	0
Home-Delivered Meals	1	1	1	2	1	1
Other Meal Services	2	3	3	3	2	2
Referral Service	2	2	2	2	1	1
Transportation	1	1	1	2	0	2

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.
Notes: Services listed in this table are defined in the Technical Notes (page 33).
FDDs may offer specific services in more than one setting.

- In 2002, FDDs that provided supportive home care, day services, respite care and adult day care to people not residing in the facility increased by one facility.

- Two FDDs provided transportation services in 2002, compared with no facilities in 2001.

Table 6. Frequency of Family Council Meetings by FDD Ownership Category, Wisconsin 2002

Frequency of Meeting	Ownership Category						All Homes	
	Governmental		Nonprofit		Proprietary			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
No Family Council	14	74%	4	50%	6	75%	24	69%
Family Council, meets:	5	26	4	50	2	25	11	31
As often as needed	0	0	0	0	0	0	0	0
Less than quarterly	0	0	0	0	0	0	0	0
Once in three months	1	5	2	25	1	13	4	11
Once a month	2	11	1	13	1	13	4	11
Once a week	0	0	0	0	0	0	0	0
Other	2	11	1	13	0	0	3	9
Total	19	100%	8	100%	8	100%	35	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Federal Centers for Medicare and Medicaid Services (CMS) regulations require that, if nursing home residents and their families wish to organize a resident/family group, the facility must allow them to do so without interference, and must provide the group with space, privacy for meetings, and staff support. The purpose of these meetings is to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment and quality of life. This group is referred to as a "Family Council."

- In 2002, 69 percent of Wisconsin's FDDs (24 out of 35) had no Family Council.
- Twenty-two percent of FDDs had Family Councils that met once a month or once every three months.
- Fifty percent of nonprofit FDDs had Family Councils, compared to 25 percent of proprietary and governmental FDDs.

Table 7. FDD Employees, Wisconsin 2002

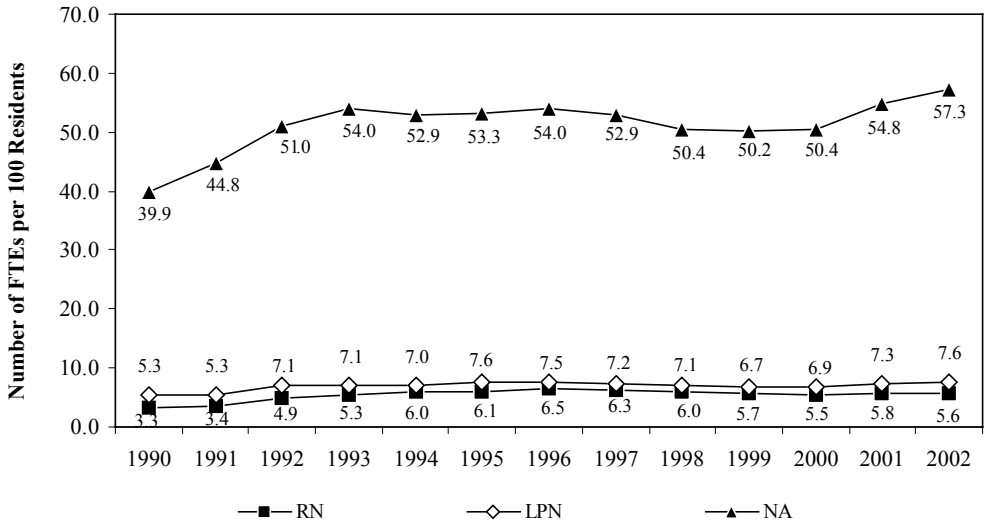
Employee Category	Full-Time Equivalent Employees (FTEs)	FTEs per 100 Residents
Nursing Services		
Registered Nurses	92.9	5.6
Licensed Practical Nurses	125.6	7.6
Nursing Assistants/Aides	947.9	57.3
Certified Medication Aides	6.6	0.4
Therapeutic Services		
Physicians and Psychiatrists	4.8	0.3
Psychologists	8.1	0.5
Dentists	1.1	0.1
Activity Directors and Staff	121.2	7.3
Physical Therapists and Assistants	3.0	0.2
Occupational Therapists and Assistants	30.5	1.8
Recreational Therapists	22.4	1.4
Restorative Speech Therapists	1.8	0.1
AODA Counsellors	0.0	0
Qualified Mental Retardation Specialists	69.4	4.2
Qualified Mental Health Professionals	2.0	0.1
Other Services		
Dietitians and Food Workers	178.0	10.8
Social Workers	18.8	1.1
Medical Records Staff	14.4	0.9
Administrators	31.7	1.9
Pharmacists	6.0	0.4
Other Health Prof. and Technical Personnel	121.0	7.3
Other Non-Health-Professional and Non-Technical Personnel	275.9	16.7
Statewide Total	2,083.2	125.9

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The count of employees is made for the first full two-week pay period in December each year.

- Statewide, FDDs had 1.26 FTE employees per FDD resident in 2002, compared to 1.22 employees per resident in 2001, and 1.16 in 2000.
- The number of FTEs in Wisconsin FDDs was down 8 percent in 2002, while the number of FDD residents as of December 31 decreased 11 percent.
- Between 2001 and 2002, the number of FTE registered nurses in FDDs declined 14 percent, while the number of FTE licensed practical nurses and nursing assistants decreased 7 percent.

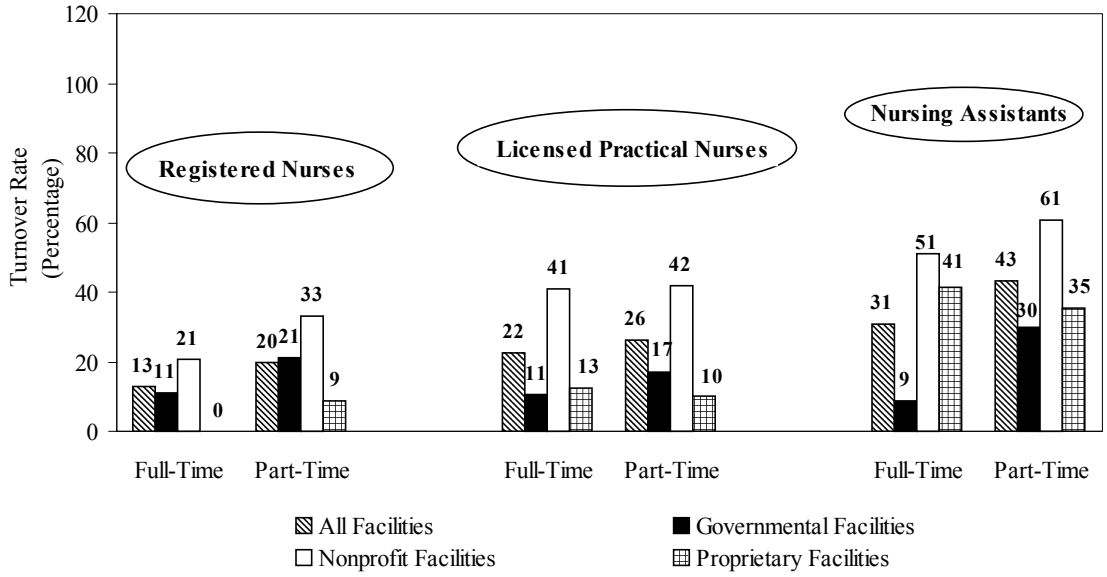
Figure 3. Nursing Staff per 100 FDD Residents, Wisconsin 1992-2002



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- In 2002, FDDs employed 57.3 FTE nursing assistants for every 100 residents (one FTE for every 1.7 residents), up from 54.8 FTEs for every 100 residents in 2001.
- There were 5.6 FTE registered nurses per 100 FDD residents in 2002, down slightly from 5.8 per 100 residents in 2001.
- There were 7.6 FTE licensed practical nurses per 100 FDD residents in 2002, up slightly from 7.3 per 100 in 2001.

Figure 4. Nursing Staff Turnover Rate by Facility Ownership (FDDs), 2002



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The turnover rate is the number of employees in a given category hired during the year, calculated as a percentage of all employees in that category. The smaller the percentage, the lower the turnover rate and the greater the continuity of employment.

- The turnover rate for NAs in FDD facilities declined for all types of ownership in 2002.
  - ⇒ Statewide, the turnover rate decreased from 58 percent to 31 percent for full-time NAs and from 55 percent to 43 percent for part-time NAs in 2002.
  - ⇒ For nonprofit FDDs, the turnover rate declined from 94 percent to 51 percent for full-time NAs, and from 77 percent to 61 percent for part-time NAs.
  - ⇒ For proprietary FDDs, the turnover rate decreased from 49 percent to 41 percent for full-time NAs, and from 44 percent to 35 percent for part-time NAs.

- Governmental FDDs experienced an increase in turnover for both RNs and LPNs.
  - ⇒ The turnover rate increased from 4 percent to 11 percent for full-time RNs, and from 10 percent to 21 percent for part-time RNs.
  - ⇒ The turnover rate was up from 10 percent to 11 percent for full-time LPNs, and from 9 percent to 17 percent for part-time LPNs.

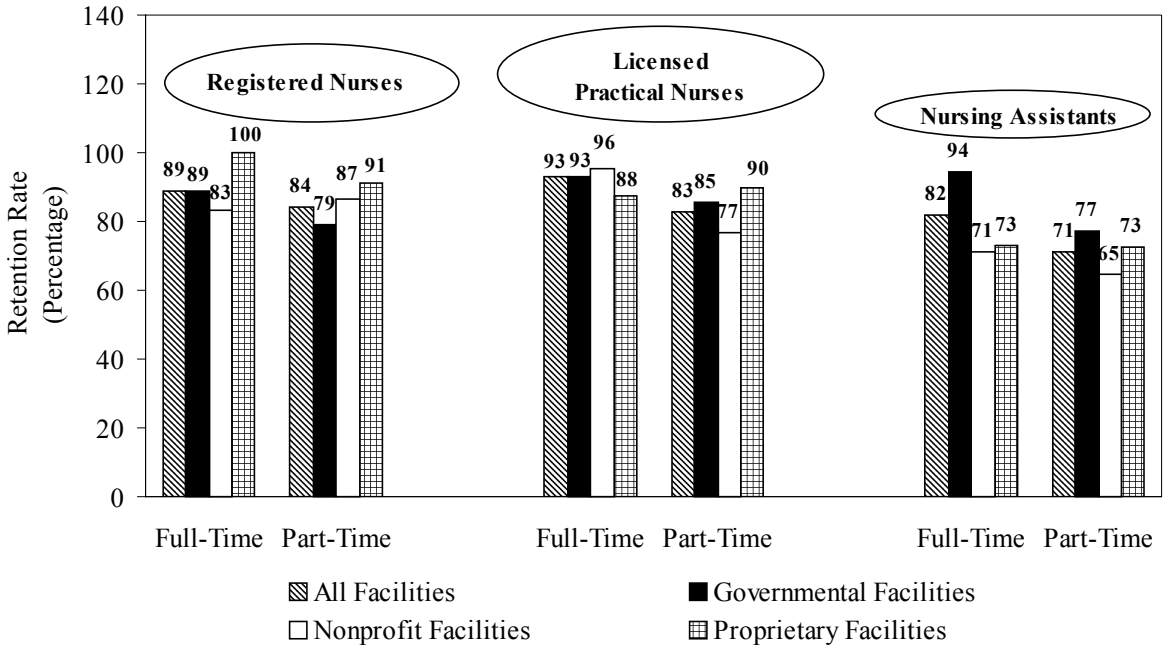
- Statewide, the turnover rate for full-time LPNs decreased 8 percentage points (from 30 percent to 22 percent).

- The turnover rate for part-time RNs in proprietary FDDs declined 17 percentage points (from 26 percent to 9 percent). The turnover rate for part-time LPNs in proprietary FDDs was also down 11 points (from 21 percent to 10 percent).

- The turnover rate for full-time RNs in proprietary FDDs remained at 0 percent for the second consecutive year.

- Nonprofit FDDs had the highest turnover rates in all categories of nursing staff.

Figure 5. Nursing Staff Retention Rate by Facility Ownership (FDDs), 2002



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The retention rate is the percentage of employees who have worked at a facility for more than one year. This measure provides a sense of the stability of a nursing home's staff.

- For all categories of nursing staff in nonprofit FDDs, the percent who had worked at the facility for more than one year increased in 2002.
  - ⇒ The retention rate for full-time RNs increased from 77 percent to 83 percent.
  - ⇒ The retention rate for part-time RNs increased from 74 percent to 87 percent.
  - ⇒ The retention for full-time LPNs increased from 78 percent to 96 percent.
  - ⇒ The retention rate for full-time NAs increased from 59 percent to 71 percent.

- In proprietary FDDs, the retention rate increased or remained unchanged for most nursing staff categories. The exception was part-time NAs, whose retention rate declined from 78 percent to 73 percent.

- In contrast, the retention rate in governmental FDDs declined for RNs and LPNs.
  - ⇒ The retention rate for full-time RNs declined from 100 percent to 89 percent.
  - ⇒ The retention rate for part-time RNs decreased from 90 percent to 79 percent.
  - ⇒ The retention rate for full-time LPNs decreased from 100 percent to 93 percent.
  - ⇒ The retention rate for part-time LPNs decreased from 98 percent to 85 percent.

- Statewide, the retention rate remained unchanged or increased in 2002 for most categories of nursing staff. The exception was part-time LPNs, for whom the rate declined from 85 percent to 83 percent.

Table 8. FDD Admissions by Level of Care, Wisconsin 1992-2002

Year	Level of Care at Admission				
	Developmental Disabilities (DD1A)	Developmental Disabilities (DD1B)	Developmental Disabilities (DD2)	Developmental Disabilities (DD3)	Total Admissions
1992	---	---	---	---	356
1993	---	---	---	---	308
1994	---	---	---	---	249
1995	66	71	102	10	249
1996	88	93	105	10	296
1997	87	97	62	9	255
1998	72	117	69	8	266
1999	82	107	72	4	265
2000	87	86	86	14	273
2001	98	102	85	13	298
2002	104	106	78	6	294

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: DD (developmental disabilities) became a separate level of care in 1989; it was divided into subcategories in 1993. The Annual Survey of Nursing Homes did not collect admissions data on the new subcategories until 1995. The DD1A care level is for developmentally disabled residents who require active treatment and whose health status is fragile, unstable or relatively unstable. The DD1B level is for developmentally disabled residents who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare. Residents at the DD2 care level are developmentally disabled adults who require active treatment with an emphasis on skills training. Residents at the DD3 level are developmentally disabled adults who require active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

- Admissions to FDDs decreased by 1 percent (to 294 residents) in 2002, after increasing 9 percent in 2001.

- FDD residents admitted at the DD1A level of care accounted for 35 percent of all admissions in 2002, compared to 33 percent in 2001 and 27 percent in 1995.

- The number of residents admitted at the DD1A level of care increased by 6 percent in 2002 (from 98 residents to 104 residents), after a 9 percent increase in 2001.

- The number of residents admitted at the DD1B level was up 4 percent (from 102 residents to 106 residents) in 2002, after an increase of 19 percent in 2001.

Table 9. FDD Admissions by Primary Pay Source, Wisconsin 1992-2002

Year	Primary Pay Source at Admission					
	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	Total Admission
1992	319	46	---	---	1	366
1993	266	37	---	---	5	308
1994	217	26	---	---	6	249
1995	219	29	---	---	1	249
1996	242	50	---	0	4	296
1997	219	23	---	1	19	262
1998	228	35	---	1	2	266
1999	231	6	---	0	28	265
2000	261	10	---	0	2	273
2001	262	8	8	0	20	298
2002	263	7	4	1	19	294

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Managed care plans were not asked about as a separate pay source until 1996.
Family Care was not asked about as a separate pay source until 2001. See Technical Notes, Page 33.
The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs.
Totals include residents whose primary pay source at admission was not reported.

- Medicaid was the primary pay source for 89 percent of all FDD admissions in 2002, compared to 88 percent of admissions in 2001 and 96 percent of admissions in 2000.

- The number of FDD admissions whose primary pay source was Family Care (a Medicaid-funded pilot program) declined from 8 in 2001 to 4 in 2002.

Table 10. FDD Admissions by Primary Pay Source and Level of Care, Wisconsin 2002

Level of Care At Admission	Primary Pay Source at Admission					Total Admissions
	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
Developmental Disabilities (DD1A)	93	6	1	1	3	104
Developmental Disabilities (DD1B)	87	1	2	0	16	106
Developmental Disabilities (DD2)	77	0	1	0	0	78
Developmental Disabilities (DD3)	6	0	0	0	0	6
Total Admissions	263	7	4	1	19	294
Percent of Admissions	89%	2%	1%	<1%	6%	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

See Technical Notes (page 33) for definitions of all level of care categories.

- Of the FDD residents admitted in 2002 who used Medicaid as primary pay source, 35 percent were at the DD1A level of care, 33 percent were at the DD1B level, 29 percent were at the DD2 level, and the remaining 2 percent were at the DD3 level of care.

- Eleven percent of FDD admissions in 2002 had a primary pay source other than Medicaid, compared with 12 percent in 2001 and 4 percent in 2000. (Note that residents with Family Care are counted separately, although the Family Care benefit is funded by Medicaid.)

Table 11. FDD Admissions by Age and Level of Care, Wisconsin 2002

Level of Care At Admission	Age at Admission						Total Admissions
	<20	20-54	55-64	65-74	75-84	85+	
Developmental Disabilities (DD1A)	13	58	21	8	4	0	104
Developmental Disabilities (DD1B)	5	85	13	2	1	0	106
Developmental Disabilities (DD2)	3	52	13	5	3	2	78
Developmental Disabilities (DD3)	0	4	1	1	0	0	6
Total Admissions	21	199	48	16	8	2	294
Percent of Admissions	7%	68%	16%	5%	3%	1%	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.
Notes: See Technical Notes (page 33) for definitions of all level of care categories.

- Nine percent of FDD residents admitted in 2002 were 65 years of age and older, compared to 6 percent in 2001.
- Seven percent of FDD residents admitted in 2002 were younger than 20 years of age, compared to 12 percent in 2001 and 10 percent in 2000.
- In 2002, 68 percent of FDD admissions were aged 20 to 54, compared to 72 percent in 2001.

Table 12. FDD Admissions by Care Location Prior to Admission, Wisconsin 2002

Care Location	Admissions	
	Number	Percent
Private home/apt. with no home health services	66	22%
Private home/apt. with home health services	10	3
Board and care/assisted living/group home	50	17
Nursing home	12	4
Acute care hospital	29	10
Facility for developmentally disabled/psychiatric hospital	118	40
Rehabilitation hospital	5	2
Other	4	1
Total Admissions	294	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- The percent of FDD admissions from another FDD or a psychiatric hospital jumped from 16 percent in 2001 to 40 percent in 2002, mainly due to the closing of two FDDs in 2002.

- Twenty-two percent of FDD residents admitted in 2002 came from private residences and were not receiving home health services prior to admission (compared to 31 percent in 2001), and 3 percent were admitted from private residences with home health services (compared to 9 percent in 2001).

- Admissions from acute-care hospitals decreased from 11 percent of FDD admissions in 2001 to 10 percent in 2002. In 2000, 17 percent of FDD admissions were from acute-care hospitals.

- Four percent of admissions were from nursing homes in 2002, compared to 5 percent in 2001. Twelve percent of FDD admissions were from nursing homes in 1999.

Table 13. Discharge Status or Care Destination of FDD Residents Discharged, Wisconsin 2002

Discharge Status/ Care Destination	Discharges/Deaths	
	Number	Percent
Private home/apt. with no home health services	55	16%
Private home/apt. with home health services	10	3
Board and care/assisted living/group home	108	31
Nursing home	22	6
Acute care hospital	29	8
Other FDD/psychiatric hospital	68	20
Rehabilitation hospital	0	0
Other	1	<1
Deceased	55	16
Total	348	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.
Notes: Percentages may not add to 100 percent due to rounding.

- In 2002, 31 percent of FDD resident discharges were to board and care, assisted living and group homes, up from 29 percent in 2001.
- The percent of FDD discharges to nursing homes stayed the same at 6 percent.
- Sixteen percent of FDD discharges were to private homes with no home health care in 2002, compared to 20 percent in 2001. The percent of discharges to private homes with home health care decreased from 4 percent to 3 percent.
- The percent of discharges to other FDDs or psychiatric hospitals increased from 12 percent to 20 percent.
- Deaths constituted 16 percent of FDD discharges in 2002, down from 19 percent in 2001 and 25 percent in 2000.

Table 14. Age-Specific FDD Utilization Rates, Wisconsin 1992-2002

Year	Age-Specific Rates per 1,000 Population			
	Under 20	20-54	55-64	65+
1992	<0.1	0.6	1.1	0.7
1993	<0.1	0.6	1.0	0.7
1994	<0.1	0.6	0.9	0.7
1995	<0.1	0.5	0.9	0.7
1996	<0.1	0.5	0.8	0.7
1997	<0.1	0.5	0.8	0.7
1998	<0.1	0.5	0.8	0.6
1999	<0.1	0.4	0.8	0.6
2000	<0.1	0.4	0.7	0.6
2001	<0.1	0.4	0.7	0.6
2002	<0.1	0.4	0.6	0.5

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Age-specific utilization rates are defined as the number of FDD residents in an age group per 1,000 Wisconsin population in that age group on December 31 of each year shown.
Age groups in the annual survey changed somewhat over the years, but the effect of these changes on FDD utilization rates was minimal.

- The FDD utilization rate among people aged 55 to 64 declined 12 percent from 2001 to 2002.
- From 1992 to 2002, the FDD utilization rate declined 35 percent for people aged 20-54, 63 percent for people aged 55-64, and 47 percent for people 65 and over.

Table 15. Percent of FDD Residents by Level of Care, Wisconsin, December 31, 1992-2002

Year	Level of Care: Developmental Disabilities (DD1A)	Developmental Disabilities (DD1B)	Developmental Disabilities (DD2)	Developmental Disabilities (DD3)	Total
1992	---	---	---	---	2,541
1993	20%	27%	45%	8%	2,401
1994	21	29	44	7	2,319
1995	22	29	43	6	2,188
1996	24	29	42	6	2,121
1997	24	29	41	6	2,038
1998	24	30	41	5	2,004
1999	25	29	42	4	1,949
2000	24	29	43	4	1,933
2001	25	30	41	4	1,859
2002	29%	31%	39%	2%	1,655

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: DD (developmental disabilities) became a separate level of care in 1989; it was divided into subcategories in 1993. Totals do not include residents whose level of care was not reported.
See Technical Notes (page 33) for definitions of all level of care categories.

- The level of care distribution for FDD residents has changed over the years. In 1993, 20 percent of FDD residents on December 31 were at the DD1A level of care; in 2002, 29 percent were at this level of care.
- Forty-five percent of residents were at the DD2 level of care in 1993, compared to 39 percent in 2002.
- In 1993, 8 percent of FDD residents were at the DD3 level of care. In 2002, 2 percent were at this level of care.
- From 2001 to 2002, the number of FDD residents at the DD1A level of care increased 6 percent, while the total number of FDD residents declined 11 percent. The number of FDD residents at the DD2 level of care was up 4 percent in 2002.

Table 16. Number of FDD Residents by Primary Pay Source and Level of Care, Wisconsin, December 31, 2002

Level of Care	Primary Pay Source on December 31					Total
	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
Developmental Disabilities (DD1A)	467	5	3	0	0	475
Developmental Disabilities (DD1B)	504	2	1	0	0	507
Developmental Disabilities (DD2)	635	6	1	0	0	642
Developmental Disabilities (DD3)	30	1	0	0	0	31
Total Residents	1,636	14	5	0	0	1,655
Percent of All Residents	99%	1%	<1%	0	0	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs.
See Technical Notes (page 33) for definitions of all level of care categories.

- On December 31, 2002, Medicaid was the primary pay source for 99 percent of all FDD residents. This percent has remained stable since 1998.

- Among FDD residents with Medicaid as primary pay source in 2002, 29 percent were at the DD1A level of care (compared to 25 percent in 2001), 31 percent were at the DD1B level of care (compared to 30 percent in 2001), 39 percent were at the DD2 level of care (down from 41 percent in 2001), and 2 percent were at the DD3 level of care (down from 4 percent in 2001).

Table 17. Percent of FDD Residents by Age and Primary Disabling Diagnosis, Wisconsin, December 31, 2002

Primary Disabling Diagnosis	Age Group					
	<20	20-54	55-64	65-74	75+	Total
Mental Retardation	88%	92%	95%	96%	92%	93%
Cerebral Palsy	0	1	1	0	1	1
Epilepsy	0	0	0	0	0	0
Autism	8	1	0	0	1	1
Multiple Developmental Disabilities	4	3	2	4	4	3
Other Developmental Disabilities	0	1	1	0	1	1
Subtotal of Developmental Disabilities	100%	99%	100%	100%	99%	99%
All Other Conditions	0	1	<1	0	<1	1
Total	100%	100%	100%	100%	100%	100%
Number of Residents	24	968	322	194	147	1,655

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.
Notes: Percentages are calculated separately for each age group and may not add to 100 percent due to rounding.

- On December 31, 2002, 93 percent of all FDD residents had mental retardation as their primary diagnosis, unchanged from 2001.

- Among the residents who had mental retardation as their primary diagnosis, 59 percent were under age 55, 21 percent were age 65 and older.

Table 18. Length of Stay of FDD Residents, Wisconsin, December 31, 2002

Length of Stay	Number	Percent
Less than 1 year	182	11%
Less than 100 days	47	3
100 days to 180 days	72	4
181 days to 364 days	63	4
1-2 years	100	6
2-3 years	102	6
3-4 years	66	4
5 or more years	1,205	73
Total	1,655	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.
Note: Percentages may not add to 100 percent due to rounding.

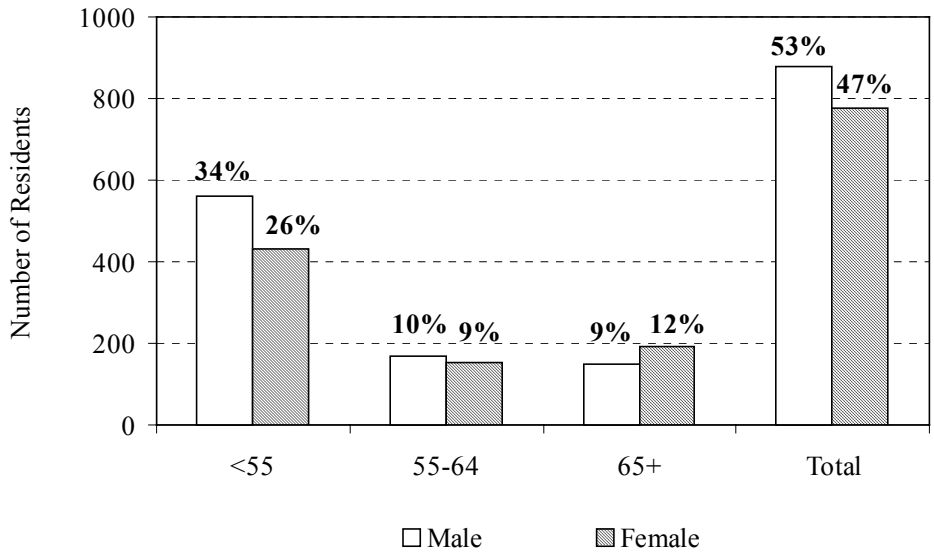
- Eleven percent of FDD residents in 2002 had been in the facility less than one year, compared with 8 percent in 2001.
- Seventy-three percent of FDD residents in 2002 had been in the facility five years or longer, compared to 76 percent in 2001 and 77 percent in 2000.

Table 19. Age of FDD Residents, Wisconsin, December 31, 2002

Age of Resident	Number	Percent
Less than 20 years	24	2%
20-54 years	968	59
55-64 years	322	20
65-74 years	194	12
75-84 years	113	7
85+ years	34	2
All ages	1,655	100%
65+ years	341	21%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.
Note: Percentages may not add to 100 percent due to rounding.

Figure 6. Percent of FDD Residents by Age and Sex, Wisconsin, December 31, 2002



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- On December 31, 2002, 2 percent of FDD residents were under age 20, 59 percent were age 20-54, 20 percent were age 55-64, and the remaining 21 percent were age 65 and over.
- Fifty-three percent of Wisconsin FDD residents in 2002 were males.
- Male FDD residents outnumbered female residents in all age groups except 65 and over.

Table 20. Percent of FDD Residents by Age, Wisconsin, 1992-2002

Year	Age Group				
	<20	20-54	55-64	65-74	75+
1992	2.0%	61.1%	17.9%	12.6%	6.5%
1993	1.9	60.8	16.9	13.1	7.3
1994	2.2	60.7	16.3	13.0	7.8
1995	2.0	60.7	16.3	13.0	8.0
1996	2.3	59.2	16.0	13.7	8.9
1997	2.4	58.5	17.1	12.8	9.2
1998	1.7	58.9	17.5	12.5	9.3
1999	1.5	59.3	17.6	12.8	8.8
2000	1.2	59.9	17.2	13.2	8.5
2001	1.8	58.4	18.8	12.3	8.8
2002	1.5%	58.5%	19.5%	11.7%	8.9%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- From 1992 to 2002, the age distribution of FDD residents changed slightly, with small increases in some older age groups (ages 55-64 and 75+).
- The percent of FDD residents under age 55 declined from 63 percent in 1992 to 60 percent in 2002.
- The percent of FDD residents aged 75 and over increased from 6.5 percent in 1992 to 8.9 percent in 2002.

Table 21. Legal Status of FDD Residents, Wisconsin, December 31, 2002

Total Residents	Placed Under Chapter 51		Has Court-Appointed Guardian		Protectively Placed Under Chapter 55		Has Activated Power of Attorney for Health Care	
Number	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1,655	225	14%	1,613	97%	1,508	91%	24	1%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.
Notes: Percents were based on the total number of facility residents on December 31, 2001.

- In 2002, 14 percent of FDD residents (vs. 9 percent in 2001) had been placed in the facility under Chapter 51, Wisconsin Statutes (the Mental Health Act), to receive integrated treatment and rehabilitative services.

- Ninety-seven percent of FDD residents in 2002 (vs. 95 percent in 2001) had a guardian appointed by the court under Chapter 880, Wisconsin Statutes. A guardian is appointed to make decisions about health care and other matters after a court determines that a person is incompetent to do so.

- Ninety-one percent of FDD residents had been protectively placed in the facility under Chapter 55, Wisconsin Statutes (the Protective Services Act), up from 86 percent in 2001 and 81 percent in 2000.

- An activated power of attorney for health care takes effect when two physicians (or one physician and one licensed psychologist) personally examine a person and sign a statement specifying that the person is unable to receive and evaluate health care information or to effectively manage health care decisions. Only 1 percent of FDD residents were reported to have an activated power of attorney for health care in 2002, down from 2 percent in 2001.

Table 22. FDD Residents With Medicaid as Primary Pay Source by Eligibility Date, Wisconsin, December 31, 2002

Eligibility Date for Medicaid	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
At time of admission	671	77%	593	77%	1,264	77%
1-30 days after admission	5	1	5	1	10	1
31 days–1 year after admission	8	1	5	1	13	1
More than 1 year after admission	54	6	84	11	138	8
Unknown	130	15	81	11	211	13
Total	868	100%	768	100%	1,636	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.
Notes: Percentages may not add to 100 percent due to rounding.

- Seventy-seven percent of FDD residents with Medicaid on December 31, 2002 had been eligible at the time of admission, up from 75 percent in 2001 and 74 percent in 2000.

- Eight percent of FDD residents with Medicaid became eligible more than one year after admission, unchanged from 2001.

Table 23. Number of FDD Residents Who Ever Received Pre-Admission Screening and Resident Review (PASRR), Wisconsin, December 31, 2002

	Number of Residents
Ever received PASRR Level II screen	101
Needed DD services	100
Needed MI services	0
Total residents on Dec. 31	1,655
Number of Facilities	35

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The federal Pre-Admission Screening and Resident Review (PASRR) statutes and regulations apply to all individuals who seek admission to a Medicaid-certified nursing home and all current residents of Medicaid-certified nursing facilities, irrespective of pay source. (The PASRR process is not required for admissions to FDDs. Data reported here may reflect screens received by FDD residents who were once considering admission to a nursing facility or may have resided in a nursing facility.)

The purpose of the PASRR process is to ensure that all individuals who have a mental illness or developmental disability (mental retardation)

(1) are placed in a nursing facility only when their needs:
  (a) cannot be met in an appropriate community placement; and
  (b) do not require the specialized care and treatment of a psychiatric hospital; and

(2) receive appropriate treatment for their mental illness or developmental disability if their independent functioning is limited due to their disability.

The **Level I screen** consists of six questions that look behind diagnosis and currently prescribed medication to identify individuals with symptoms that may indicate the person has a serious mental illness or developmental disability.

The **Level II screen** is used (1) to determine whether the person meets the criteria in the federal definition of serious mental illness or developmental disability; (2) if so, whether the person needs institutional care, and whether a nursing facility is the most appropriate setting; and (3) whether the person needs specialized services.

- In 2002, a total of 101 FDD residents were reported to have ever received a PASRR Level II screen. (No data were collected on Level I screens.)

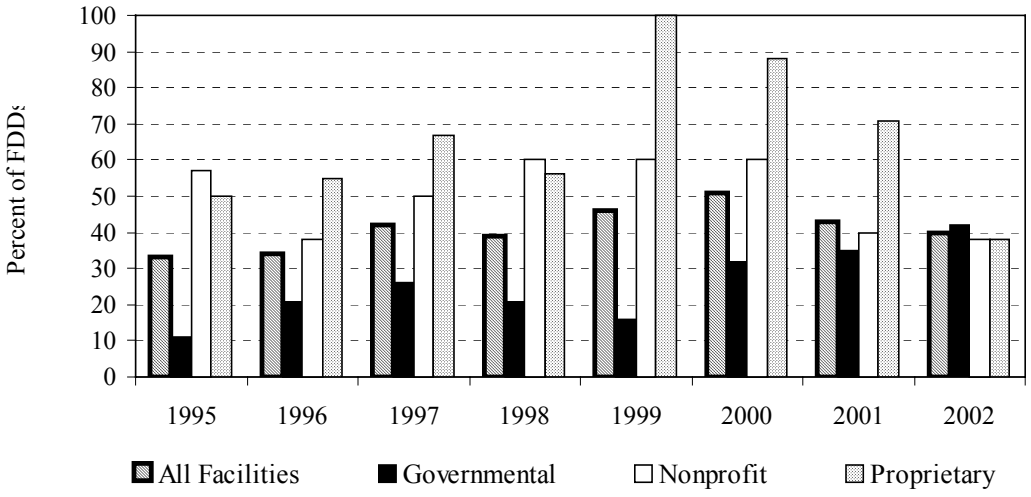
- Of FDD residents who had received this screening, 100 were determined to need special services for developmental disabilities.

Table 24. Use of Physical Restraints Among FDD Residents, by Facility Ownership, Wisconsin, December 31, 2002

	Ownership						All FDDs	
	Governmental		Nonprofit		Proprietary			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Residents	709	100%	556	100%	390	100%	1,655	100%
Physically restrained	81	11%	204	37%	87	22%	372	22%
Total FDDs	19	100%	8	100%	8	100%	35	100%
FDDs reporting no physically restrained residents	8	42%	3	38%	3	38%	14	40%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.
Note: The survey asks facilities to report the number of residents on December 31 who are "physically restrained."

Figure 7. Percent of FDDs With No Physically Restrained Residents, by Facility Ownership, Wisconsin, December 31, 1995-2002



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Statewide, the percent of FDD residents on December 31 who were being physically restrained jumped from 10 percent in 2001 (not shown) to 22 percent in 2002 (Table 24).
- Twenty-two percent of residents in proprietary FDDs were being physically restrained in 2002, an increase from 3 percent in 2001. The percent being physically restrained in nonprofit FDDs also increased, from 10 percent to 37 percent.
- Statewide, 40 percent of FDDs reported *no* physically restrained residents on December 31, 2002, down from 43 percent in 2001 and 51 percent in 2000 (Figure 7).
- Forty-two percent of governmental FDDs, 38 percent of nonprofit FDDs, and 38 percent of proprietary FDDs reported *no* physically restrained residents on December 31, 2002.

Technical Notes

Licensed Beds and Staffed Beds Definitions:

Licensed beds means beds that are licensed, regardless of whether they are available for occupancy.
Staffed beds means licensed beds that are set up, staffed, and available for occupancy.

Level of Care Definitions

DD1A Care Level: Residents with developmental disabilities who require active treatment and whose health status is fragile, unstable or relatively unstable.

DD1B Care Level: Residents with developmental disabilities who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare.

DD2 Care Level: Developmentally disabled adults who require active treatment with an emphasis on skills training.

DD3 Care Level: Developmentally disabled adults who require active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

Family Care (Tables 4, 9)

Family Care is a program being piloted in nine Wisconsin counties: Fond du Lac, La Crosse, Milwaukee (serving the elderly population only), Portage, Richland, Kenosha, Marathon, Trempealeau, and Jackson. The programs in four of these nine counties (Kenosha, Marathon, Trempealeau, and Jackson counties) have resource centers only, and do not reimburse for FDD care. Family Care serves people with physical disabilities, people with developmental disabilities, and frail elders, with the goals of:

- Giving people better choices about where they live and what kinds of services and support they get to meet their needs.
- Improving access to services.
- Improving quality through a focus on health and social outcomes.
- Creating a cost-effective long-term care system for the future.

Family Care has two major organizational components:

1. Aging and disability resource centers, designed to be a "one-stop shop" where older people and people with disabilities and their families can get information and advice about a wide range of resources available to them in their local communities.
2. Care management organizations (CMOs), which manage and deliver the new Family Care benefit, which combines funding and services from a variety of existing programs into one flexible long-term care benefit, tailored to each individual's needs, circumstances, and preferences.

For details of the services provided by Family Care, please visit:
http://www.dhfs.state.wi.us/LTCare/Generalinfo/WhatisFC.htm

Definitions of Services to Non-Residents (Table 5)
(Definitions provided by staff in Wisconsin Bureau on Aging and Long-Term Care Resources)

Home Health Care: Health care services to individuals in their own homes, on a physician's orders, as part of a written plan of care. Services may include one or more of the following: (1) part-time or intermittent skilled nursing; (2) physical, occupational and speech therapy services provided by licensed professionals; and (3) home health aide services provided by trained and professionally supervised aides. Home health aide services provide the personal care necessary to maintain a clean and safe environment for the patient, and include bathing, feeding, dressing, toileting, mobility assistance and incidental household services.

Supportive Home Care: Services to maintain clients in independent or supervised living in their own homes, or in the homes of their friends or relatives. These services help individuals meet their daily living needs, address their needs for social contact, and ensure their well-being in order to prevent their placement into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision, senior companion activities, telephone reassurance, friendly visiting and home health care.

Day Services: Services in day centers to persons with social, behavioral, mental, developmental, or alcohol and drug abuse disorders in order to enhance maturation and social development and reduce the extent and effects of disabilities. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review; transportation to the care setting; education/training; counseling/psychotherapy; supervision; and personal care.

Respite Care: Services which facilitate or make possible the care of dependents, thereby relieving the usual care giver of the stress resulting from the continuous support necessary to care for dependent individuals. Services are based upon the needs of both the regular care giver and the dependent person, and are intended to prevent individual and family breakdown or institutionalization of the dependent. Services generally include assessment/diagnosis; case planning, monitoring and review; referral; and education/training. Services may also include assessing the need for respite care, arranging for the resources necessary for respite care to occur, advising the regular care giver about the nature of services available and about the specific arrangements for dependent care, and any teaching of respite care workers by regular care givers.

Adult Day (Health) Care: Services to adults in a certified setting designed to promote an enriched social experience and afford protection during part of the day. Services include transportation specifically for access to this program, the provision of food to the client, and certified adult day care when provided in a senior center. Management functions which may be performed include, but are not limited to: resource recruitment/development and regulation/certification.

Congregate Meals: Meals provided to persons in supportive service settings to promote adequate nutrition and socialization. Nutrition education is an integral but subordinate part of this program.

Home-Delivered Meals: In-home meals provided to persons at risk for inadequate nutrition.

Referral Service: Public information necessary to satisfy individual inquiries regarding aspects of the human services delivery system, including referrals to appropriate resources within the community.

Transportation: Transportation and transportation-related services to the elderly and handicapped, and to other persons with limited ability to access needed community resources (other than human services). Included are the provision of material benefits such as tickets (or cash for their purchase), as well as specially-equipped vehicles designed to provide safe, comfortable and accessible conveyance. Such services are limited to transportation which assists in improving a person's general mobility and ability to independently perform daily tasks such as shopping, visiting with friends, etc.

DEPARTMENT OF HEALTH AND FAMILY SERVICES **STATE OF WISCONSIN**
Division of Health Care Financing
HCF 5602A (Rev. 10/02)

2002 ANNUAL SURVEY OF NURSING HOMES

(includes definitions)

If Medicaid-certified, the completed Annual Survey of Nursing Homes is due to the Department by February 1 of each year, unless the Department allows a maximum 28-day extension. The Department shall establish and implement policies to withhold payment to a provider, or decrease or freeze payment rates, if a provider does not submit annual survey forms and respond to the Department by the due date. See page 16 for detailed information.

Correct information on the label below if it is inaccurate or incomplete.

FOR OFFICE USE ONLY	
CERTIFICATION	☐
HIGHEST LEVEL	☐
BATCH	☐☐
BATCHCOR	☐☐

Geographic location of facility (may differ from post office name in mailing address).

(CHECK ONE)

☐ 1. City Name of city, village or town _____

☐ 2. Village What county is nursing home located in? _____

☐ 3. Town

NUMBER OF RESIDENTS IN THE FACILITY ON DECEMBER 31, 2002

_____

Return the *PINK COPY* of the survey no later than February 1, 2003, to

Bureau of Health Information
Division of Health Care Financing
ATTN: Jane Conner, Rm. 672
P. O. Box 309
Madison, Wisconsin 53701-0309

REPORT ALL DATA FOR A 12-MONTH PERIOD *(365 DAYS)*, JANUARY 1, 2002 THROUGH DECEMBER 31, 2002

Refer to Instructions and Definitions accompanying this form.

A. FACILITY INFORMATION

1. Was this facility in operation for the entire calendar year of 2002? ☐ 1. Yes ☐ 2. No

If no, and operation dates began after January 1, 2002, or ended before December 31, 2002, list those dates of operation below.

Beginning Date	**Ending Date**	**Days of Operation**
☐☐ Month ☐☐ Day '02	☐☐ Month ☐☐ Day '02	☐☐☐

2. CONTROL: Indicate the type of organization that controls the facility and establishes its overall operating policy.

(CHECK ONE)

Governmental	**Non-governmental/Not-For-Profit**	**Investor-Owned/For Profit**
☐ 10. City	☐ 20. Nonprofit Corporation	☐ 30. Individual
☐ 11. County	☐ 21. Nonprofit Church	☐ 31. Partnership
☐ 12. State	☐ 22. Nonprofit Association	☐ 32. Corporation
☐ 13. Federal	☐ 23. Nonprofit Church/Corporation	☐ 33. Limited Liability Company
☐ 14. City/County	☐ 24. Nonprofit Limited Liability Company	☐ 34. Limited Liability Partnership
☐ 15. Tribal Government	☐ 25. Nonprofit Trust	☐ 35. Trust
	☐ 26. Private Nonprofit	

3. Has the controlling organization through a contract, placed responsibility for the daily administration of the nursing facility with another organization? ..... ☐ 1. Yes ☐ 2. No

   If yes, indicate below the classification code of the contracted organization (for example, 32 for an investor-owned, for-profit corporation, see page 1, item A.2.). (code) ☐☐

4. Is the facility operated in conjunction with a hospital (e.g., owned, leased or sponsored)? ..... ☐ 1. Yes ☐ 2. No

5. Is the facility operated in conjunction with a community-based residential facility (CBRF)? ..... ☐ 1. Yes ☐ 2. No

6. Is the facility operated in conjunction with a residential care apartment complex (RCAC)? ..... ☐ 1. Yes ☐ 2. No

7. Is the facility operated in conjunction with housing for the elderly, or similar organization? ..... ☐ 1. Yes ☐ 2. No

8. Is the facility operated in conjunction with a home health agency? ..... ☐ 1. Yes ☐ 2. No

9. Is the facility certified as a Medicaid facility (Title 19)? ..... ☐ 1. Yes ☐ 2. No

10. Is all or part of the facility certified for Medicare (Title 18)? ..... ☐ 1. Yes ☐ 2. No

    If yes, indicate the number of Medicare-certified beds ..... _____

11. Is the facility accredited by Joint Commission on Accreditation of Health Care Organizations (JCAHO) for providing long term care? ..... ☐ 1. Yes ☐ 2. No

12. Does the facility have a contract with a HMO for providing services? ..... ☐ 1. Yes ☐ 2. No

13. Does the facility have a locked unit? ..... ☐ 1. Yes ☐ 2. No

    If yes, how many beds? ..... _____

14. Does the facility utilize formal wandering precautions, e.g., Wanderguard Systems/bracelets? .. ☐ 1. Yes ☐ 2. No

    If yes, how many of the residents in the facility on December 31, 2002, were monitored? ..... _____

B. SERVICES

1. Does the facility offer services to **non-residents**? ..... ☐ 1. Yes ☐ 2. No

If yes, check which services the facility provides to non-residents (see definitions).

☐ a. Home Health Care (Licensed home health, HFS 133)

☐ b. Supportive Home Care
- ☐ 1. Personal Care
- ☐ 2. Household Services

☐ c. Day Services
- ☐ 1. In community setting
- ☐ 2. In nursing home setting

☐ d. Respite Care
- ☐ 1. In home setting
- ☐ 2. In nursing home setting

☐ e Adult Day Care
- ☐ 1. In community setting
- ☐ 2. In nursing home setting

☐ f. Adult Day Health Care

☐ g. Congregate Meals
- ☐ 1. In community setting
- ☐ 2. In nursing home setting

☐ h. Home Delivered Meals

☐ i. Referral Services

☐ j. Other meals (Includes Jail, Adult Day Care, etc.)

☐ k. Transportation

☐ l. Other *(specify)* _____

2. Does the facility plan to add other services to **non-residents** in the future? ..... ☐ 1. Yes ☐ 2. No

If yes, specify service(s) to be provided. _____

3. Does the facility currently use a unit-dose drug delivery system? ..... ☐ 1. Yes ☐ 2. No

4. Does the facility have an in-house pharmacy? ..... ☐ 1. Yes ☐ 2. No

5. Does the facility have a policy to allow self-administration of medications by residents? ..... ☐ 1. Yes ☐ 2. No

6. Does the facility currently have residents who are self-administering medications? ..... ☐ 1. Yes ☐ 2. No

7. Does the facility offer hospice services to residents? ..... ☐ 1. Yes ☐ 2. No

If yes, how many residents were in a hospice program under contract with an approved hospice provider on 12/31/02? ..... _____

8. Does the facility offer hospice services to **non-residents**? ..... ☐ 1. Yes ☐ 2. No

If yes, how many **non-residents** were in a hospice program under contract with an approved hospice provider on 12/31/02? ..... _____

9. Does the facility offer specialized Alzheimer's support group services to **non-residents**? ..... ☐ 1. Yes ☐ 2. No

10. Does the facility have a specialized unit dedicated to care for residents with Alzheimer's? ..... ☐ 1. Yes ☐ 2. No

a. If yes, is the unit locked? *(Leave blank if no unit.)* ..... ☐ 1. Yes ☐ 2. No

b. Number of beds in unit? ..... _____

11. Does the facility utilize day programming for mentally ill residents? ..... ☐ 1. Yes ☐ 2. No

If yes, indicate the specific program ***(check all that apply)***

- ☐ a. In-house
- ☐ b. Referral to sheltered work
- ☐ c. Community-based supported work
- ☐ d. Facility-based day service
- ☐ e. Referral to community-based day service
- ☐ f. Other *(specify)* _____

12. Does the facility utilize day programming for developmentally disabled residents? ..... ☐ 1. Yes ☐ 2. No

If yes, indicate the specific program ***(check all that apply)***

- ☐ a. In-house
- ☐ b. Referral to sheltered work
- ☐ c. Community-based supported work
- ☐ d. Facility-based day service
- ☐ e. Referral to community-based day service
- ☐ f. Other *(specify)* _____

C. UTILIZATION INFORMATION

1. Number of beds set up and staffed at end of reporting period (ending December 31, 2002) ..... _____

2. **TOTAL** licensed bed capacity (as of December 31, 2002) ..... _____

3. If the numbers reported in C.1. and C.2. are different, indicate by checking the box(es) below, the reason(s) for this difference and the number of beds affected.

- ☐ a. Semi-private rooms converted to private rooms. Number of beds _____
- ☐ b. Rooms converted for administrative purposes. Number of beds _____
- ☐ c. Beds out-of-service due to renovation or remodeling (Not HFS 132 related). Number of beds _____
- ☐ d. Rooms converted for resident program (treatment) purposes. Number of beds _____
- ☐ e. Beds temporarily not meeting HFS 132 code. Number of beds _____
- ☐ f. Banked beds. Number of beds _____
- ☐ g. Other *(specify)* _____ Number of beds _____

4. Does the facility anticipate any bed reduction in the forthcoming year? ..... ☐ 1. Yes ☐ 2. No

If yes, by how many beds? ..... _____

D. RESIDENT INFORMATION

1. Level of Care and Method of Reimbursement on DECEMBER 31, 2002

Place the per diem rate in the appropriate boxes. If per diem rates vary in any category (for example, private room vs. semi-private room), **report an average** per diem rate. For **Medicare**, an *"average rate"* needs to be provided based on the PPS rates in effect for the Medicare residents in the facility on 12/31/02.
IF APPLICABLE, PROVIDE PER DIEM RATES IN ALL CATEGORIES.

DO NOT WRITE IN SHADED AREA

	METHOD OF REIMBURSEMENT					
LEVEL OF CARE	Medicare (Title 18) Per Diem Rate	Medicaid (Title 19) Per Diem Rate	Other Government * Per Diem Rate	Private Pay Per Diem Rate	Family Care Per Diem Rate	Managed Care Per Diem Rate
ISN Intensive Skilled Care	$	$	$	$	$	$
SNF Skilled Care	$	$	$	$	$	$
ICF-1 Intermediate Care		$	$	$	$	$
ICF-2 Limited Care		$	$	$	$	$
ICF-3 Personal Care		$	$	$	$	$
ICF-4 Residential Care		$	$	$	$	$
DD1A Developmental Disabilities		$	$	$	$	$
DD1B Developmental Disabilities		$	$	$	$	$
DD2 Developmental Disabilities		$	$	$	$	$
DD3 Developmental Disabilities		$	$	$	$	$
TBI Traumatic Brain Injury	$	$	$	$	$	$
Ventilator Dependent (See Definition)	$	$	$	$	$	$

* *Includes Veterans Administration, County Boards, Champus, Community Aids and others.*

2. Inpatient Days by Age

a. Number of inpatient days of service rendered to all residents UNDER AGE 65 in the facility during the reporting period ..... _____

b. Number of inpatient days of service rendered to all residents AGE 65 AND OVER in the facility during the reporting period ..... _____

c. **TOTAL** inpatient days of service rendered (include all paid days), to ALL residents in the facility during the reporting period (January 1, 2002, to December 31, 2002), **(2a + 2b = 2c)** ..... _____

d. Average Daily Census (total inpatient days, *line c,* divided by the days of operation, 365 days, or as reported on page 1, item A.1.) ..... _____
(Round to the nearest whole number, e.g., 34.0 - 34.4 = 34, 34.5 - 34.9 = 35)

E. PERSONNEL

1. Number of personnel employed by the facility. Enter all personnel on the payroll **and** consultant and/or contracted staff providing service for the **FIRST FULL TWO-WEEK PAY PERIOD IN DECEMBER**. Each person should be counted only once, in a respective work category. INCLUDE IN-HOUSE POOL STAFF. Note any special circumstances at the bottom of the page. If the facility is hospital-based, or operates with a community-based residential facility, include only those personnel (full-time, part-time and part-time hours) providing services to the residents of the nursing facility.

*Note: Part-time hours recorded **MUST** reflect the total number of part-time hours worked by all part-time personnel in the category for those two weeks. For example, if 2 physical therapists each worked 10 hours, there would be 20 part-time hours. DO NOT include "contract staff" hours in the part-time hours column.*

ROUND HOUR FIGURES TO THE NEAREST WHOLE HOUR. DO NOT USE DECIMALS.

EMPLOYEE CATEGORY	Full-time Persons	Part-time Persons		Consultant and/or Contracted Staff *(No. of Persons)*
		Personnel	Hours	
1. Administrator				
2. Assistant Administrators				
3. Physicians (except Psychiatrists)				
4. Psychiatrists				
5. Dentists				
6. Pharmacists				
7. Psychologists				
8. Registered Nurses				
9. Licensed Practical Nurses				
10. Nursing Assistants/Aides				
11. Certified Medication Aides				
12. Activity Directors and Staff				
13. Registered Physical Therapists				
14. Physical Therapy Assistants/Aides				
15. Registered Occupational Therapists				
16. Occupational Therapy Assistants/Aides				
17. Recreational Therapists				
18. Restorative Speech Personnel Staff				
19. Certified Alcohol and Other Drug Abuse (AODA) Counselor(s)				
20. Qualified Mental Retardation Professional (QMRP) Staff				
21. Qualified Mental Health Professional Staff				
22. Dietitians and Dietetic Technicians				
23. Other Food Service Personnel Staff				
24. Medical Social Workers				
25. Other Social Workers				
26. Registered Medical Records Administrator(s)				
27. Other Medical Records Staff				
28. All Other Health Professional and Technical Personnel				
29. Other Non-health Professional and Non-technical Personnel (e.g., Secretarial, Office Staff, Single Task Worker, etc.)				
30. **TOTAL (sum of lines 1 – 29)**				

Number of hours in work week? ..... _____

(Enter as a 3-digit number, e.g., 40.0, 37.5, 35.0, etc.)

E. PERSONNEL (continued)

ACCORDING TO S. 50.095(3)(b), WIS. STATS., SECTIONS E.2 & E.3 ARE *REQUIRED* TO BE COMPLETED.

2. How many employees in each of the following three categories were hired in 2002?
(ALL hired in 2002, **including those who quit**.) INCLUDE IN-HOUSE POOL STAFF. (Do not include contracted staff.)

a. Registered Nurses Full-Time _____ Part-Time _____

b. Licensed Practical Nurses Full-Time _____ Part-Time _____

c. Nursing Assistants/Aides Full-Time _____ Part-Time _____

3. Indicate the number of **all current** employees as of December 31, 2002, according to their duration of service in the facility. INCLUDE IN-HOUSE POOL STAFF. (Do not include contracted staff.)

DURATION OF SERVICE	Registered Nurses		Licensed Practical Nurses		Nursing Assistants/Aides	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Hired in 2002						
a. Less than 6 Months						
b. 6 Months to less than 1 Year						
Hired Prior to 2002						
c. 1 Year or more						
TOTAL (3a + 3b + 3c)						

THE FOLLOWING INFORMATION WILL BE COMPILED FOR THE "2002 CONSUMER INFORMATION REPORT," published by the Bureau of Quality Assurance, per s. 50.095, WIS. STATS.

(NOTE: FACILITIES FOR THE DEVELOPMENTALLY DISABLED DO NOT NEED TO COMPLETE QUESTION 4.)

4. Report the total number of ***paid*** hours (including contracted staff) worked by registered nurses, licensed practical nurses (including non-direct care RN's and LPN's, such as managers or supervisors), and nurse aides/other direct care nurse aides providing service 12/1/02 – 12/14/02. Record total hours for each shift, ***ROUNDED TO THE NEAREST QUARTER HOUR***, excluding unpaid lunch breaks.
USE DECIMALS ONLY, NOT FRACTIONS.
Enter as a 3, 4, or 5 digit number, e.g., 8.00, 15.25 or 125.75.

(Use the dates of 12/1/02 – 12/14/02 if possible, otherwise, use the first full two-week pay period in December.)

DATE	Day Shift			Evening Shift			Night Shift		
	RN HOURS	LPN HOURS	NA/OTHER NA HOURS	RN HOURS	LPN HOURS	NA/OTHER NA HOURS	RN HOURS	LPN HOURS	NA/OTHER NA HOURS
12/01/02									
12/02/02									
12/03/02									
12/04/02									
12/05/02									
12/06/02									
12/07/02									
12/08/02									
12/09/02									
12/10/02									
12/11/02									
12/12/02									
12/13/02									
12/14/02									

F. LENGTH OF STAY FOR RESIDENTS ON DECEMBER 31, 2002

Of the total residents in the facility on December 31, 2002, how many have resided in the facility

1. Less than 100 days? ..... _____
2. 100 days to 180 days? ..... _____
3. 181 days to 365 days? ..... _____
4. Less than 1 year ***subtotal*** **(F1 + F2 +F3***)* ..... _____ *
5. 1 Year to less than 2 Years? ..... _____
6. 2 Years to less than 3 Years? ..... _____
7. 3 Years to less than 4 Years? ..... _____
8. 4 Years or more? ..... _____
9. **TOTAL (F4+F5+F6+F7+F8)** ..... _____ **

* *SUBTOTAL **MUST** equal the total on Page 14, 6th column.*
** *TOTAL **MUST** equal the total on Page 10, line 4.*

G. SUBACUTE CARE

1. Does the facility have a specialized unit dedicated for residents receiving subacute care? ..... ☐ 1. Yes ☐ 2. No
   a. If yes, number of beds in unit? ..... _____
   b. On December 31, 2002, how many residents were in that unit and receiving subacute care? _____
   c. Is this unit accredited by Joint Commission on Accreditation of Health Care Organizations (JCAHO) for providing subacute care to your residents? ..... ☐ 1. Yes ☐ 2. No

H. FAMILY COUNCIL
(See State Operations Manual, F25).

1. Does the facility currently have an organized group of family members of residents? ..... ☐ 1. Yes ☐ 2. No

If yes, how often does the council meet?
(check only one)

- ☐ a. Once a week
- ☐ b. Once a month
- ☐ c. Once in three months
- ☐ d. Less than quarterly
- ☐ e. As often as needed
- ☐ f. Other *(specify)* _____

I. LEVEL OF CARE AND PRIMARY PAY SOURCE FOR RESIDENTS ON DECEMBER 31, 2002

For each level of care and payer, indicate the number of residents in the facility **ON DECEMBER 31, 2002**, in the appropriate boxes.

DO NOT WRITE IN SHADED AREA

	PRIMARY PAY SOURCE						
LEVEL OF CARE	Medicare (Title 18)	Medicaid (Title 19)	Other Government*	Private Pay	Family Care	Managed Care	**TOTAL**
ISN							
SNF							
ICF-1							
ICF-2							
ICF-3							
ICF-4							
DD1A							
DD1B							
DD2							
DD3							
Traumatic Brain Injury							
Ventilator Dependent							
TOTAL		**					***

* *Includes Veterans Administration, County Boards, Champus, Community Aids and others.*
** *TOTAL **MUST** equal the total Medicaid Eligible, in the following table.*
*** *TOTAL **MUST** equal the total on Page 10, line 4.*
Note: If residents are listed in any category, provide the corresponding rate on Page 5, #1.

J. MEDICAID ELIGIBLE RESIDENTS ON DECEMBER 31, 2002

Of the total Medicaid residents in the facility on December 31, 2002, how many became eligible as Medicaid recipients

	Males	**Females**	**TOTAL**
1. At the time of admission?			
2. Within 1-30 days after admission?			
3. Within 31 days to 1 year after admission?			
4. More than 1 year after admission?			
5. Unknown?			
6. **TOTAL (J1+J2+J3+J4+J5)**			*

* *TOTAL **MUST** equal the total Medicaid residents in the above table.*

K. ADMISSIONS, DISCHARGES AND DEATHS DURING THE REPORTING PERIOD

1. Persons in the facility on December 31, 2001 ..... _____
(As reported on the 2001 survey, Page 10, Line 4.)

2. Admissions during the year from

a. Private home/apartment with no home health services ..... _____

b. Private home/apartment with home health services ..... _____

c. Board and care/assisted living/group home ..... _____

d. Nursing home ..... _____

e. Acute care hospital ..... _____

f. Psychiatric hospital, MR/DD facility ..... _____

g. Rehabilitation hospital ..... _____

h. Other ..... _____

i. **Total Admissions** *(sum of lines 2.a through 2.h)* ..... _____

3. Discharges during the year to

a. Private home/apartment with no home health services ..... _____

b. Private home/apartment with home health services ..... _____

c. Board and care/assisted living/group home ..... _____

d. Nursing home ..... _____

e. Acute care hospital ..... _____

f. Psychiatric hospital, MR/DD facility ..... _____

g. Rehabilitation hospital ..... _____

h. Deceased ..... _____

i. Other ..... _____

j. **Total Discharges** (include deaths) *(sum of lines 3.a through 3.i)* ..... _____

4. **Persons in the facility on December 31, 2002** ..... _____
*Note: (Line 1, plus line 2.i, minus line 3.j, **MUST** equal the number reported on line 4.) Ensure that the total on line 4 is consistent with December 31, 2002, totals elsewhere on the survey.*

L. RESIDENT ADMISSIONS

1. Level of Care and Primary Pay Source at Admission. Indicate the level of care and primary pay source **AT TIME OF ADMISSION** for all residents who were **ADMITTED DURING 2002**.

DO NOT WRITE IN SHADED AREA

	PRIMARY PAY SOURCE OF RESIDENTS ADMITTED DURING THE YEAR						
LEVEL OF CARE	Medicare (Title 18)	Medicaid (Title 19)	Other Government*	Private Pay	Family Care	Managed Care	**TOTAL**
ISN							
SNF							
ICF-1							
ICF-2							
ICF-3							
ICF-4							
DD1A							
DD1B							
DD2							
DD3							
Traumatic Brain Injury							
Ventilator Dependent							
TOTAL							**

** Includes Veterans Administration, County Boards, Champus, Community Aids and others.*
*** TOTAL **MUST** equal the **TOTAL ADMISSIONS** on Page 10, line 2.i.*
Note: Ensure that the level of care row totals in this table equal the level of care row totals in the following table.

2. Level of Care and Age. Indicate the level of care and age of residents **AT TIME OF ADMISSION** for all residents who were **ADMITTED DURING 2002**.

	AGE OF RESIDENTS ADMITTED DURING THE YEAR							
LEVEL OF CARE	19 & Under	20-54	55-64	65-74	75-84	85-94	95+	**TOTAL**
ISN								
SNF								
ICF-1								
ICF-2								
ICF-3								
ICF-4								
DD1A								
DD1B								
DD2								
DD3								
Traumatic Brain Injury								
Ventilator Dependent								
TOTAL								*

** TOTAL **MUST** equal the **TOTAL ADMISSIONS** on Page 10, line 2.i.*
Note: Ensure that the level of care row totals in this table equal the level of care row totals in the above table.

M. AGE AND PRIMARY DISABLING DIAGNOSIS FOR RESIDENTS ON DECEMBER 31, 2002

Each resident in the facility must be recorded **ONLY ONCE** in the category that best explains why he/she is in the facility. The corresponding International Classification of Diseases code is listed after each diagnosis category.

PRIMARY DISABLING DIAGNOSIS (ICD-9 Code)	AGE GROUP							
	19 & Under	20-54	55-64	65-74	75-84	85-94	95+	**TOTAL**
Developmental Disabilities								
Mental Retardation (317-319)								
Cerebral Palsy (343)								
Epilepsy (345)								
Autism (299)								
Multiple Developmental Disabilities								
Other Developmental Disabilities*								
Mental Disorders								
Alzheimer's Disease (331.0, 290.1)								
Other Organic/Psychotic (290-294)								
Organic/Non-psychotic (310)								
Non-organic/Psychotic (295-298)								
Non-organic/Non-psychotic (300-302, 306-309, 311-314, 316)								
Other Mental Disorders (315)								
Physical Disabilities								
Paraplegic (344.1-344.9)								
Quadriplegic (344)								
Hemiplegic (342)								
Medical Conditions								
Cancer (140-239)								
Fractures (800-839)								
Cardiovascular (390-429, 439-459)								
Cerebrovascular (430-438)								
Diabetes (250)								
Respiratory (460-519)								
Alcohol & Other Drug Abuse (303-305)								
Other Medical Conditions**								
TOTAL								***

* *Specify the **"Other Developmental Disabilities"** on a separate sheet of paper, or at the bottom of this page.*
** *Specify the **"Other Medical Conditions"** on a separate sheet of paper, or at the bottom of this page.*
*** *TOTAL **MUST** equal the total on Page 10, line 4.*

If a resident is listed in any DD category, but is not shown at a DD Level of Care for their Primary Pay Source on Page 9, I, note the reason at the bottom of this page (e.g., the resident does not require active treatment, (N.A.T.), etc.).

Note: Ensure that the column totals in this table equal the row totals on Page 13, N.

N. AGE AND SEX OF RESIDENTS ON DECEMBER 31, 2002

Age	Males	Females	TOTAL
19 & under			
20-54			
55-64			
65-74			
75-84			
85-94			
95+			
TOTAL			*

** TOTAL **MUST** equal the total on Page 10, line 4.*

Note: Ensure that the row totals in this table equal the column totals on Page 12.

O. RESIDENT CENSUS AND CONDITIONS OF RESIDENTS ON DECEMBER 31, 2002

Indicate the number of residents on December 31, 2002, who have the following conditions and/or receive the following services or activities. Residents will be counted in each applicable category. Staff most familiar with resident's care and needs should complete this section (e.g., ward or unit nurse). The following items correspond to items in "Resident Census and Conditions of Residents," Form HCFA 672 (10-98).

Activities of Daily Living	Independent	Assistance of One or Two Staff	Dependent	**TOTAL**
Bathing				*
Dressing				*
Transferring				*
Toilet Use				*
Eating				*

** TOTAL **MUST** equal the total on Page 10, line 4.*

Bowel/Bladder Status	Number of Residents	**Special Care**	Number of Residents
With indwelling or external catheter		Receiving respiratory treatment	
Occasionally or frequently incontinent of bladder		Receiving tracheostomy care	
Occasionally or frequently incontinent of bowel		Receiving ostomy care	
		Receiving suctioning	
Mobility		Receiving tube feedings	
Physically restrained		Receiving mechanically altered diets	
Skin Integrity		**Medications**	
With pressure sores (excludes Stage 1)		Receiving psychoactive medication	
With rashes		**Other**	
		With advance directives	

P. COUNTY OF RESIDENCE PRIOR TO ADMISSION: **Information on this page is used by the Department of Health and Family Services to calculate county-specific nursing home bed needs and to recommend to the Legislature any changes in nursing home bed needs pursuant to s. 150.31, Wis. Stats.**

In the first column, report the county of last private residence prior to entering any nursing home for all residents as of December 31, 2002. In the second column, report the number of residents admitted during 2002 and still residing in the nursing home on December 31, 2002. If the resident did not reside in Wisconsin, report the state of last private residence. **The number of residents reported in the second column CANNOT exceed the number reported in the first column.**

COUNTY	Number of residents on Dec. 31, 2002	Number admitted in 2002 and still a resident on Dec. 31	COUNTY	Number of residents on Dec. 31, 2002	Number admitted in 2002 and still a resident on Dec. 31
Adams			Monroe		
Ashland			Oconto		
Barron			Oneida		
Bayfield			Outagamie		
Brown			Ozaukee		
Buffalo			Pepin		
Burnett			Pierce		
Calumet			Polk		
Chippewa			Portage		
Clark			Price		
Columbia			Racine		
Crawford			Richland		
Dane			Rock		
Dodge			Rusk		
Door			St. Croix		
Douglas			Sauk		
Dunn			Sawyer		
Eau Claire			Shawano		
Florence			Sheboygan		
Fond du Lac			Taylor		
Forest			Trempealeau		
Grant			Vernon		
Green			Vilas		
Green Lake			Walworth		
Iowa			Washburn		
Iron			Washington		
Jackson			Waukesha		
Jefferson			Waupaca		
Juneau			Waushara		
Kenosha			Winnebago		
Kewaunee			Wood		
LaCrosse			**LEGAL RESIDENCE OTHER THAN WISCONSIN**		
Lafayette			Illinois		
Langlade			Iowa		
Lincoln			Michigan		
Manitowoc			Minnesota		
Marathon			Other		
Marinette			**TOTAL**	*	**
Marquette					
Menominee					
Milwaukee					

** TOTAL **MUST** equal the total on Page 10, line 4.*

*** TOTAL **MUST** equal Page 8, line 4.*

Q. OTHER INFORMATION ABOUT RESIDENTS ON DECEMBER 31, 2002

1. Of the residents on December 31, 2002, how many were placed under Chapter 51? ..... _____
2. Of the residents on December 31, 2002, how many had a court-appointed guardian? ..... _____
3. Of the adult residents on December 31, 2002, how many were protectively placed by court order under the Protective Services Act (Chapter 55, Wis. Stats.)? ..... _____
4. Of the residents on December 31, 2002, how many had an ***activated*** power of attorney for health care? ..... _____
5. Of the residents on December 31, 2002, how many have ever received PASARR Level II Screenings? ..... _____
6. Of the residents identified in question 5, how many were determined to need special services for developmental disabilities? ..... _____
7. Of the residents identified in question 5, how many were determined to need special services for mental illness? ..... _____

Person responsible for completing this form ..... _____
(This is who will be contacted if further information is required.)

Contact person's area code/telephone number ..... _____ EXT: _____

Area code/Fax number ..... _____

Email Address ..... _____

Nursing home's area code/telephone number ..... _____
(This number will be published in the Nursing Home Directory.)

Does the facility have Internet access? ..... ☐ 1. Yes ☐ 2. No

If you are the contact person for *another* nursing home, list the name, city and license number of that facility below.

Name _____

City _____

License Number _____

I certify that I have reviewed the information reported in this document for accuracy and the information is true and correct.

Name of Administrator (***type or print***) ..... _____

SIGNATURE - Administrator ..... _____

Date signed ..... _____

FOR OFFICE USE ONLY

COUNTY ☐☐☐

POPID ☐☐☐

BQADISTR ☐

2002 ANNUAL SURVEY OF NURSING HOMES
INSTRUCTIONS AND DEFINITIONS

General Instructions

1. Facilities that do not meet the requirements of Section 1.173 of the Medicaid Nursing Home Methods of Payment will have payment rates reduced according to the following schedule:

   25% for cost reports, occupied bed assessments and/or annual surveys between 1 and 30 days overdue.
   50% for cost reports, occupied bed assessments and/or annual surveys between 31 and 60 days overdue.
   75% for cost reports, occupied bed assessments and/or annual surveys between 61 and 90 days overdue.
   100% for cost reports, occupied bed assessments and/or annual surveys more than 90 days overdue.

   The number of days overdue shall be measured from the original due date, without extension, of the cost report, occupied bed assessment and/or nursing home survey. The rates will be retroactively restored once the cost report, occupied bed assessment and/or nursing home survey is submitted to the Department.
2. Report all data for a 12-month period, ending December 31, 2002, regardless of changes in admission, ownership licensure, etc.
3. All resident utilization data (inpatient days, resident counts, etc.) MUST reflect residents to whom beds are assigned even if they are on a temporary visit home.
4. Do not include as an admission or a discharge, a resident for whom a bed is held because of a temporary visit home.
5. Notation of resident count consistency checks appear throughout the survey. Differences found may require a follow-up phone call.
6. If answers cannot be typed, print the answers legibly.

Definitions for Specific Sections

B. SERVICES

1. Services to non-residents: Check the box for each service provided by the facility to persons who are not residents of the facility.

   a. Home Health Care: Health care services to individuals in their own homes, on a physician's orders, as part of a written plan of care. Services may include one or more of the following: (1) part-time or intermittent skilled nursing; (2) physical, occupational and speech therapy services provided by licensed professionals; and (3) home health aide services provided by trained and professionally supervised aides. Home health aide services provide the personal care necessary to maintain a clean and safe environment for the patient, and include bathing, feeding, dressing, toileting, mobility assistance and incidental household services.

   b. Supportive Home Care: Services to maintain clients in independent or supervised living in their own homes, or in the homes of their friends or relatives. These services help individuals meet their daily living needs, address their needs for social contact, and ensure their well-being in order to prevent their placement into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision, senior companion activities, telephone reassurance, friendly visiting and home health care.

   c. Day Services: Services in day centers to persons with social, behavioral, mental, developmental, or alcohol and drug abuse disorders in order to enhance maturation and social development and reduce the extent and effects of disabilities. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review; transportation to the care setting; education/training; counseling/psychotherapy; supervision; and personal care.

   d. Respite Care: Services which facilitate or make possible the care of dependents, thereby relieving the usual care giver of the stress resulting from the continuous support necessary to care for dependent individuals. Services are based upon the needs of both the regular caregiver and the dependent person, and are intended to prevent individual and family breakdown or institutionalization of the dependent. Services generally include assessment/diagnosis; case planning, monitoring and review; referral; and education/training. Services may also include assessing the need for respite care, arranging for the resources necessary for respite care to occur, advising the regular care giver about the nature of services available and about the specific arrangements for dependent care, and any teaching of respite care workers by regular care givers.

   e,f Adult Day (Health) Care: Services to adults in a certified setting designed to promote an enriched social experience and afford protection during part of the day. Benefits include transportation specifically for access to this program, the provision of food to the client, and certified adult day care when provided in a senior center. Management functions which may be performed include, but are not limited to: resource recruitment/development and regulation/certification.

   g. Congregate Meals: Meals provided to persons in supportive service settings in order to promote socialization, as well as adequate nutrition. Nutrition education is an integral but subordinate part of this program.

h. Home-Delivered Meals: In-home meals provided to persons at risk for inadequate nutrition.

i. Referral Service: Public information necessary to satisfy individual inquiries regarding aspects of the human services delivery system, including referrals to appropriate resources within the community.

k. Transportation: Transportation and transportation-related services to the elderly and handicapped, and to other persons with limited ability to access needed community resources (other than human services). Included are the provision of material benefits such as tickets (or cash for their purchase), as well as specially equipped vehicles designed to provide safe, comfortable and accessible conveyance. Such services are limited to transportation which assists in improving a person's general mobility and ability to independently perform daily tasks such as shopping, visiting with friends, etc.

8. Hospice services to non-residents: Focuses on dying at home as an alternative to aggressive medical care in a hospital. It helps the resident and the resident's family cope with dying by offering support services.

10. a. Locked Unit: A ward, wing or room which is designated as a protective environment and is secured in a manner that prevents a resident from leaving the unit at will. A facility locked for purposes of security is not a locked unit, provided that residents may exit at will.

C. UTILIZATION INFORMATION

1. Beds Set Up and Staffed: Report the number of beds which are immediately available for occupancy and for which staff have been allocated.

2. Licensed Bed Capacity: Report the number of beds for which license application has been made and granted by the Division of Supportive Living.

D. RESIDENT INFORMATION

1. Level of Care and Method of Reimbursement: Complete the table by reporting the per diem rate in the appropriate level of care and payer box. If per diem rates vary for residents at the same level of care and pay source, report an average per diem rate.

   Managed Care: Managed care is a type of health insurance plan. It generally charges a per person month premium regardless of the amount of care provided. They may also have certain co-payments and deductibles that members may have to pay. Generally, the managed care program assumes the risk for any services that they authorize for a given enrollee. All care and services are generally provided by providers that work or are under contract to the managed care organization.

   ISN - Intensive Skilled Nursing Care: ISN is defined as care for residents whose health requires specific, complex interventions. Services and procedures may be identified as complex because of the resident's condition, the type of procedure, or the number of procedures utilized.

   SNF - Skilled Nursing Care: SNF is defined as continuous nursing care which requires substantial nursing knowledge and skill based on the assessment, observation and supervision of the physical, emotional, social and restorative needs of the resident by, or supervised by, a registered nurse who is under general medical direction.

   ICF-1, Intermediate Care: ICF-1 is defined as professional, general nursing care including physical, emotional, social and restorative services which are required to maintain the stability of residents with long-term illness of disabilities. A registered nurse shall be responsible for nursing administration and direction.

   ICF-2, Limited Care: ICF-2 is defined as simple nursing care procedures required by residents with long-term illnesses or disabilities in order to maintain stability. Limited nursing care can be provided safely only by or under the supervision of a person no less skilled than a licensed practical nurse and who serves under the direction of a registered nurse.

   ICF-3, Personal Care: ICF-3 is defined as personal assistance, supervision and protection for individuals who do not need nursing care, but do need periodic medical services, the consultation of a registered nurse, or periodic observation and consultation for physical, emotional, social or restorative needs.

   ICF-4, Residential Care: ICF-4 is defined as care for individuals who, in the opinion of a licensed physician, have social service and activity therapy needs because of disability. Residents needing such care must be supervised by a licensed nurse seven days a week on the day shift, and there must be registered nurse consultation four hours per week.

   DD1A Care Level: DD1A care level is defined as all developmentally disabled residents who require active treatment whose health status is fragile, unstable or relatively unstable.

DD1B Care Level: DD1B care level is defined as all developmentally residents who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward self or others which may be dangerous to health or welfare.

DD2 Care Level: DD2 care level is defined as moderately retarded adults requiring active treatment with an emphasis on skills training.

DD3 Care Level: DD3 care level is defined as mildly retarded adults requiring active treatment with and emphasis on refinement of social skills and attainment of domestic and vocational skills.

Traumatic Brain Injury (TBI): Resident in the age group of 15-64 years, who has incurred a recent closed or open head injury with or without injury to other body regions. The provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for continued stay in the designated traumatic brain injury program.

Ventilator-Dependent: Resident who is dependent on a ventilator for 6 or more hours per day for his or her respiratory condition. The provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for payment of the special rate for ventilator dependency.

E. PERSONNEL

1. For each category on Page 6, report the number of full-time, part-time and contracted staff. In the hours column, ***report hours for part-time staff only***, for the first full two-week pay period in December. If the facility operates with a hospital, prorate staff and hours for the nursing home unit. Staff, hours and consultants **MUST** be rounded to the nearest whole number.

4. Direct Care: Nursing and personal care provided by a Director of Nursing, Assistant Director of Nursing, Registered Nurse, Licensed Practical Nurse or a Nurse Aide to meet a resident's needs.

   Registered Nurse: A nurse who is licensed under s. 441.06 or has a temporary permit under s. 441.08. [s. 50.01(5r), Wis. Stats.].

   Licensed Practical Nurse: A nurse who is licensed under s. 441.10 or has a temporary permit under s. 441.10(e), [s. 50.01(1w), Wis. Stats.].

   Nurse Aide: A person on the Nurse Aide Directory who performs routine direct patient care duties delegated by a RN or LPN. In federally-certified facilities, Nurse Aides must not have a substantiated finding, and must have worked in a health care setting under RN or LPN supervision for a minimum of 8 hours in the prior 24 months.

   Other Direct Care Nurse Aide: A person on the Nurse Aide Directory who works primarily under a different job title. Their hours are counted for state staffing requirements only when providing direct resident care.

G. SUBACUTE CARE

1. A comprehensive inpatient program designed for the individual who has had an acute event as a result of an illness, injury, or exacerbation of a disease process; has a determined course of treatment; and does not require intensive diagnostic and/or invasive procedures.

H. FAMILY COUNCIL

1a. *Active* is defined as if the facility currently has an organized group of family members of residents, i.e., a group(s) that meets regularly to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment, and quality of life; to support each other; to plan resident and family activities; to participate in educational activities or for any other purpose.

I. LEVEL OF CARE AND PRIMARY PAY SOURCE FOR RESIDENTS ON DECEMBER 31, 2002

See RESIDENT INFORMATION, pages 17 & 18, for definitions of DD levels.

J. MEDICAID ELIGIBLE RESIDENTS ON DECEMBER 31, 2002

Report the number of Medicaid residents, in the facility on December 31, 2002. Entries made here **MUST** reflect the correct period of time during which the resident became eligible for Medicaid coverage.

K. ADMISSIONS, DISCHARGES AND DEATHS DURING THE REPORTING PERIOD

1. Persons in the facility on December 31, 2001: Report residents on December 31st, 2001, (rather than January 1st, 2002), in order to eliminate discrepancies in this one-day count of residents. The December 31st, 2001 count **MUST** include residents admitted and discharged up until midnight and **MUST** match the figure reported on the 2001 Annual Survey of Nursing Homes, Page 10, line 4.

2. Admissions: Number of residents formally admitted for inpatient services during the calendar year. Do not include persons returning to the facility from a temporary visit home (see LTC RAI User's Manual, Page 3-2), or hospital stay when return to the nursing facility is expected. If an individual was formally admitted more than once during the calendar year, count each occurrence as a separate admission.

3. Discharges: Number of residents formally discharged from inpatient services during the calendar year. This includes discontinuation of inpatient service that would require a new admission to return to the facility. Do not include persons on a temporary visit home (see LTC RAI User's Manual, Page 3-2). If an individual was formally discharged, more than once during the calendar year, count each occurrence as a separate discharge.

L. RESIDENT ADMISSIONS

1. Level of Care and Primary Pay Source at Admission: Report the number of residents who were admitted during 2002. Entries made here **MUST** be the resident's level of care and primary pay source at the time of admission.

2. Level of Care and Age: Report the number of residents who were admitted during 2002. Entries made here **MUST** be the resident's level of care and age at the time of admission.

M. AGE AND PRIMARY DISABLING DIAGNOSIS

Report the age and primary disabling diagnosis for residents in the facility on December 31, 2002. Count each resident only once.

Primary Disabling Diagnosis Definitions

DEVELOPMENTAL DISABILITIES: Disabilities attributable to mental retardation, cerebral palsy, epilepsy, autism, or another condition closely related to mental retardation or requiring treatment similar to that required by mentally retarded individuals, which has continued or can be expected to continue indefinitely, substantially impairs the individual from adequately providing for his/her own care and custody, and constitutes a substantial handicap to the afflicted individual.

Mental Retardation (ICD-9 317-319): Subnormal general intellectual development, originating during the developmental period, and associated with impairment of learning, social adjustment and/or maturation. The disorder is classified according to intelligence quotient as follows:

68-83:	borderline
52-67:	mild
36-51:	moderate
20-35:	severe
under 20:	profound

Cerebral Palsy (ICD-9 343): A persisting qualitative motor disorder appearing before the age of three years due to non-progressive damage to the brain.

Epilepsy (ICD-9 345): Paroxysmal, transient disturbances of brain function that may be manifested as episodic impairment or loss of consciousness, abnormal motor phenomena, psychic or sensory disturbances, or perturbation of the autonomic nervous system. Four subdivisions are recognized:

Grand Mal
Petit Mal
Psychomotor Epilepsy
Autonomic Epilepsy

Autism (ICD-9 299): Condition of being dominated by subjective, self-centered trends of thought or behavior that are not subject to correction by external information.

Multiple Developmental Disabilities: Combination of more than one of the above.

Other Developmental Disabilities: Any residual developmental disabilities and Dyslexia (an inability to read understandingly due to a central lesion).

MENTAL DISORDERS:

	ICD-9 331, 290.1-Alzheimer's Disease
Organic/Psychotic	ICD-9 290-Senile dementia (excluding 290.1) ICD-9 291-Alcoholic psychoses ICD-9 292-Drug psychoses ICD-9 293-Transient organic psychotic conditions ICD-9 294-Other organic psychotic conditions (chronic)
Organic/ Non-psychotic	ICD-9 310-Specific non-psychotic mental disorders due to organic brain damage
Non-organic/ Psychotic	ICD-9 295-Schizophrenic disorders ICD-9 296-Affective psychoses ICD-9 297-Paranoid states ICD-9 298-Other non-organic psychoses
Non-organic/ Non-psychotic	ICD-9 300-Neurotic disorders ICD-9 301-Personality disorders ICD-9 302-Sexual deviations and disorders ICD-9 306-Physiological malfunction arising from mental factors ICD-9 307-Special symptoms or syndromes, not elsewhere classified ICD-9 308-Acute reaction to stress ICD-9 309-Adjustment reaction ICD-9 311-Depressive disorder, not elsewhere classified ICD-9 312-Disturbance of conduct, not elsewhere classified ICD-9 313-Disturbance of emotions specific to childhood and adolescence ICD-9 314-Hyperkinetic syndrome of childhood ICD-9 316-Psychic factors associated with diseases classified elsewhere
Other Mental Disorders	ICD-9 315-Specific delays in development

PHYSICAL DISABILITIES:

Paraplegic (ICD-9 344.1-344.9): A person with motor and sensory paralysis of the entire lower half of the body.

Quadriplegic (ICD-9 344.0): A person totally paralyzed from the neck down.

Hemiplegic (ICD-9 342): A person paralyzed on one side of the body.

MEDICAL CONDITIONS: Diseases of the nervous system, cardiovascular system, respiratory system, gastrointestinal system, locomotor system, or persons with dermatological problems, hematological problems, metabolic and hormonal disorders, or with a combination of the aforementioned conditions or other medical diagnoses.

Alcohol and Other Drug Abuse (ICD-9 303-305): A person who uses alcohol and/or other drugs to the extent that it Interferes with or impairs physical health, psychological functioning, or social or economic adaptation; including, but not limited to, occupational or educational performance, and personal or family relations. Includes persons defined as "alcoholics," persons who need ever-larger amounts of alcohol to achieve a desired effect; persons lacking self-control in alcohol use; or persons who exhibit withdrawal symptoms when they cease alcohol consumption.

O. RESIDENT CENSUS AND CONDITIONS OF RESIDENTS: Report the number of residents on December 31, 2002, who have these conditions. Residents **MUST** be counted in each category that applies.

Q. OTHER INFORMATION ABOUT RESIDENTS ON DECEMBER 31, 2002

1. Chapter 51: Mental Health Act. To provide treatment and rehabilitative services for all mental disorders and developmental disabilities and for mental illness, alcoholism and other drug abuse. 51.42 Board established under this chapter, at the county level, to provide integrated services to DD, MI and AODA. 51.437 Board established under this chapter, at the county level, to provide services to developmentally disabled.

2. Guardians: An adult for whom a guardian of the person has been appointed by a circuit court under Chapter 880 because of the subject's incompetency.

3. Chapter 55: Protective Services Act. Court. (i.e., judge) formally ordered protective placement for institutional care of those who are unable to adequately care for themselves due to infirmities of aging.

4. Activated Power of Attorney: An individual's power of attorney for health care takes effect ("activated") "upon a finding of incapacity by 2 physicians, or one physician and one licensed psychologist, who personally examine the principal and sign a statement specifying that the principal has incapacity." (s. 155.02 (2), Wis. Stats.)

If you have any questions, call Kitty Klement (608-267-9490), Jane Conner (608-267-9055), Lu Ann Hahn (608-266-2431) or Kim Voss (608-267-1420).

Thank you for your cooperation.